

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 005 ***158.75

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04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000166129					
1. Entity Name HAPPY POOL SERVICES, INC.					
Principal Place of Business 7040 WEST PALMETTO PARK ROAD SUITE 4 BOCA RATON, FL 33433			Mailing Address 7040 WEST PALMETTO PARK ROAD SUITE 4 BOCA RATON, FL 33433		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-244 6856	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	BOCA RATON	33433	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	PONCEL, JAIME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	7040 WEST PALMETTO PARK ROAD #4				
CITY-ST-ZIP	BOCA RATON, FL 33433				
TITLE	V	BOCA RATON	33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, SHERLEY				
STREET ADDRESS	7040 WEST PALMETTO PARK ROAD #4				
CITY-ST-ZIP	BOCA RATON, FL 33433				
TITLE		BOCA RATON	33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		BOCA RATON	33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		BOCA RATON	33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		BOCA RATON	33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/26/06 (954) 729-8666					