2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000040564 FILED 1. Entity Name HAPPY DAYS NURSERY, INC. 08 AUG 11 PM 2:42 Principal Place of Business Mailing Address 16700 SW 248 ST 12811 SW 148 ST RD SECRETARY OF STATE MIAMI, FL 33186 HOMESTEAD, FL 33031 TALLAHASSEE, FLORIDA 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0415241 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROJAS, TERESA I Street Address (P.O. Box Number is Not Acceptable) 12811 SW 148 ST RD MIAMI, FL 33186 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVD TITLE Delete TITLE PD Change ☐ Addition NAME ROJAS, TERESA I NAME 221 West 1 t c+ 12811 SW 148 ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Key Largo, FL 33037 TITLE ☐ Delete TITLE 5D ☐ Addition BIMBLER, FREDERICK M NAME NAME STREET ADDRESS 13481 SW 99 TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TDF TITLE ☐ Delete TITLE Change Addition Alexander, Ivonne F. 12811 SW 148 Street Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33186 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a strate 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 in a secure this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all or SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR