


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000017629 1. Entity Name HAPPINESS CARE CENTER II, INC.	
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Principal Place of Business 1105 W. 2ND AVENUE HIALEAH, FL 33012	Mailing Address 1105 W. 2ND AVENUE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

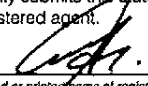


01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0563275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HURTADO, ALIPIO 1105 W 2ND AVE HIALEAH, FL <del>33012</del> 33010
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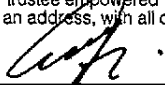
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	ALIPIO HURTADO	1/20/06
(NOTE: Registered Agent signature required when reinstating)		

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HURTADO, ALIPIO A. 1105 W. 2ND AVE. HIALEAH, FL 33010
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01/27/06-80012-020 150.00

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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: 	ALIPIO HURTADO	1/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
		Date Daytime Phone #