2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # P95000065961> 1. Entity Name HAPPY KIDS TOO, INC. Principal Place of Business Mailing Address 1700 JEFFERSON AVENUE MIAMI BEACH FL 33139 PO BOX 414597 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0603189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSI, DIANA Street Address (P O. Box Number is Not Acceptable) 7118 BYRON AVENUE MIAMI BEACH FL 33141 City 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 Signature, typod or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE Delete NAME SUSI, DIANA NAME U00000063863 7118 BYRON AVENUE STREET ADDRESS STREET ADDRESS 02/23/04-80179-003 158.75 CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP ☐ Change TITLE Delete TITEE Addition NAME SUSI, DORA NAME STREET ADDRESS 7118 BYRON AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME JEANNETTE, EGOZI STREET ADDRESS STREET ADDRESS 7118 BYROU AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33141 Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 distance 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.

**FILED**