## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000006283

MUSSO, EUGENE A

FT. LAUDERDALE, FL 33301

700 SOLAR DRIVE

Name:

Address: City-St-Zip:

Entity Names 18/118 118 DDA ENTEDDDISES

FILED Jan 15, 2009 Secretary of State

Entity Name: WHA HAPPA ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 51 ROYAL PALM DRIVE FT. LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 51 ROYAL PALM DRIVE FT. LAUDERDALE, FL 33301 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERRY, DIANE M 2455 E. SUNRISE BLVD. SUITE 905 FT. LAUDERDALE, FL 33304 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WAALKES, OTTO Name: Name: 51 ROYAL PALM DRIVE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: Title: Title: ( ) Delete () Change () Addition REIS, RICHARD Name: Name: 800 SE 4TH ST #604 Address: Address: FT. LAUDERDALE, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: OTTO WAALKES PRES 01/15/2009