2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P96000079416 t. Entity Name HAPPY KIDS CHILDRENWEAR, INC. Principal Place of Business Ma[⊕]ng Address 2266 NW 20TH ST 2266 NW 20TH ST MIAMI, FL 33142 MIAMI, FL 33142 US 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Appred For 65-0700582 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TORRES, JOSE G DO NOT WRITE 8502 NW 198TH TERR HIALEAH, FL 33015 IN THIS SPACE 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. highature, fued to a nich harvoullieg sic ediagent and the if addicable ाद्रीयः तदेश्रीयः वर्षे Agent a gratura । वर्षणवर्षण्याना । e riclat ngi 9. Clection Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000131029 TITLE 04/26/04-80141-008 150.00 HERNANDEZ, LUIS F LAME STREET ADDRESS 10112 SW 2ND ST CITY ST ZIP MIAMI, FL TITLE † ALIE STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP TITLE 1 ALIE STREET ADDRESS

12. I hereby cert'ly that the 'information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Fiorida Statutes. I further cert'ty that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusfee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

WHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2004

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(305) 633-2121

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