, 2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 09, 2005 08:00 AM Secretary of State DOCUMENT # P96000079416 1. Entity Name HAPPY KIDS CHILDRENWEAR, INC. Mailing Address Principal Place of Business _ 2266 NW 20TH ST 2266 NW 20TH ST MIAMI, FL 33142 _ MIAMI, FL 33142 US 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0700582 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. 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.——Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE HERNANDEZ, LUIS F NAME 10112 SW 2ND ST STREET ADDRESS | 100000364823 T/5/09/05-80011-010 150.00 CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-05

(305) 633-2121

Daytime Phone #

FILED