


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90022 003 \*\*\*158.75

<b>DOCUMENT # P97000103422</b>		
1. Entity Name <b>HAPPY HOME INVESTMENTS, INC.</b>		

Principal Place of Business <b>16710 NW 84 CT MIAMI LAKES, FL 33016 US</b>	Mailing Address <b>16710 NW 84 CT MIAMI LAKES, FL 33016 US</b>
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**54037998**



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>c/o Ivan A. Gomez, P.A. 601 Brickell Key Drive #507</b>	
City & State		City & State <b>Miami, Florida</b>	
Zip	Country	Zip	Country
<b>33131</b>	<b>U.S.A.</b>	<b>33131</b>	<b>U.S.A.</b>

03082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0799436</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>HERNANDEZ, REINALDO D 7920 NW 168 TR MIAMI LAKES, FL 33016</b>		7. Name and Address of New Registered Agent Name: <b>IAG CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable): <b>601 Brickell Key Drive</b> Suite # <b>507</b> City <b>Miami</b> FL Zip Code <b>33131</b>	

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 **IAG CORPORATE SERVICES, INC.**  
By: **Ivan A. Gomez, President** *Phes.* **3/8/04**  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HERNANDEZ, REINALDO D 16710 NW 84 CT MIAMI LAKES, FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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:** *Reinaldo D. Hernandez* **REINALDO D. HERNANDEZ** **4/19/04** **305-362-0704**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Reinaldo D. Hernandez, President

(305)371-9213