## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000006447

1. Entity Name

HAPPY FACE DENTAL CLINIC, INC.



Principal Place of Business

2301 N. UNIVERSITY DRIVE SUITE 206

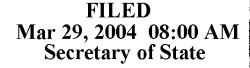
PEMBROKE PINES, FL 33024

Mailing Address

2301 N. UNIVERSITY DRIVE

SUITE 206

PEMBROKE PINES, FL 33024





02252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0804441

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TAFUR, CESAR A 2301 N. UNIVERSITY DRIVE

SUITE 206

## DO NOT WRITE IN THIS SPACE

PEMBROKE PINES, FL 33024			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) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		\$5.00 May Be Added to Fees	000000099149 03/29/04-80029-007 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TAFUR, CESAR A 8664 S.W. 3RD STREET, #206 PEMBROKE PINES, FL 33025				
NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					

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 articular state in the properties of the corporation of the receiver or trustee empowered.

SIGNATURE: \_

TITLE
NAME
STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF STREET OFFICER

-Yrasident

5/04 954-964632

Daylime Phone #