


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90050 029 \*\*\*158.75

DOCUMENT # P98000006447 1. Entity Name HAPPY FACE DENTAL CLINIC, INC.	
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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
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40097546



**DO NOT WRITE IN THIS SPACE**

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0804441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TAFUR, CESAR A  
 2301 N. UNIVERSITY DRIVE  
 SUITE 206  
 PEMBROKE PINES, FL 33024

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TAFUR, CESAR A 2301 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE:  CESAR A. TAFUR 04/27/2007 954-964-6328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #