2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000006447

HAPPY FACE DENTAL CLINIC, INC.



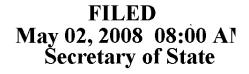
Principal Place of Business

2301 N. UNIVERSITY DRIVE SUITE 206

PEMBROKE PINES, FL 33024

Mailing Address

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





04022008

No Chg-P

CR2E034 (11/05)

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

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

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8.	The above named entity submits this statement for the		d office or r				
e.	the obligations of registered agent.						·
٠٠.			Agent signature	gnature required when reinstating)		DATE	
		0 Flore - Commission Figure		6 5.00	Lung	000044040	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000944846 05/29/08-80115-015 150.00

Ministration

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	TAFUR, CESAR A	
STREET ADDRESS	2301 NORTH UNIVERSITY DRIVE	
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	certify that the information supplied with this filling does not pushfy for the	Min many in the control of the contr

indicated on this report or supplied with trits tiling 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 if 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 hit other like empowered.

SIGNATURE: