


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0804441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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, 2008 Fee will be \$550.00**

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


U00000944846  
 05/29/08-80115-015 150.00

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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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 like empowered.

SIGNATURE:  President 04/29/2008 . 954 964 6328

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #