07/08/2005 00:33 3052201285 ML ACCOUN

9/13/2005-90002-004-$550.00-$550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 OCT 10 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000070913

1. Entity Name
HAPPY TRIPS, INC.

Principal Place of Business
1034 SW 123RD AVE
MIAMI, FL 33184

Mailing Address
1034 SW 123RD AVE
MIAMI, FL 33184

07C82005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0861493

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALSES, AMARILIES M
1034 SW 123RD AVE
MIAMI, FL 33184

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 ______ 305-226-9462 9-16-05
DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MADRIGAL, JESSE
STREET ADDRESS	1034 SW 123RD AVE.
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	VD
NAME	AMARILIES, VALDES
STREET ADDRESS	1034 SW 123RD AVE.
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	10/11
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ______ 305-226-9462 9/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #