

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90033 013 ***150.00

DOCUMENT # P98000075198

1. Entity Name

HAPPY TOURS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

273 NE 2 STREET
 SUITE 300
 MIAMI FL 33132

273 NE 2 STREET
 SUITE 300
 MIAMI FL 33132

2. Principal Place of Business

141 NE 3rd Avenue
 Suite, Apt. #, etc.
 401

3. Mailing Address

141 NE 3rd Avenue
 Suite, Apt. #, etc.
 401

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0860419

Applied For

Not Applicable

Zip

33132

Country

U.S.

Zip

33132

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

TAVARES, NIVALDO
 273 NE 2 STREET
 SUITE 300
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
P	TAVARES, NIVALDO	273 NE 2 STREET STE 300	MIAMI FL 33132	<input type="checkbox"/>
V	DEMELLO, ANDREW	912 MILAN AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
S	DEMELLO, PAULA	912 MILAN AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 08 2004

Date

(305) 379 5400

Daytime Phone #