

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90041 005 \*\*\*150.00

<b>DOCUMENT # P98000075198</b> <small>Entity Name</small> <b>HAPPY TOURS INTERNATIONAL, INC.</b>	
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<small>Principal Place of Business</small> <b>141 NE 3RD AVE #401</b> <b>MIAMI FL 33132</b>	<small>Mailing Address</small> <b>141 NE 3RD AVE</b> <b>SUITE 401</b> <b>MIAMI FL 33132</b>
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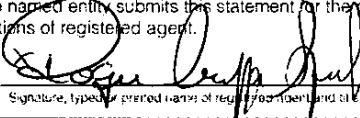
<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>
<small>City &amp; State</small>	<small>City &amp; State</small>
<small>Zip</small>	<small>Country</small>

1st MOORE      CR2E034 (10/07)

<b>6. Name and Address of Current Registered Agent</b>	
<b>TAVARES, NIVALDO</b> <b>141 NE 3RD AVENUE</b> <b>SUITE 401</b> <b>MIAMI FL 33132</b>	

<b>7. Name and Address of New Registered Agent</b>	
<small>Name</small>	<b>Roger Speck</b>
<small>Street Address (P.O. Box Number is Not Acceptable)</small>	<b>141 NE 3rd Avenue Ste 401</b>
<small>City</small>	<b>Miami</b>
<small>State</small>	<b>FL</b>
<small>Zip Code</small>	<b>33132</b>

**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:  Roger Speck      DATE: 2/25/08

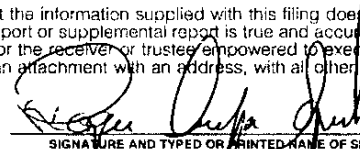
Signature, typed or printed name of registered agent and title of application.      NOTE: Registered Agent signature required when reconstituting.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> <small>Trust Fund Contribution.</small> <input type="checkbox"/> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
<small>TITLE</small>	P	
<small>NAME</small>	TAVARES, NIVALDO	
<small>STREET ADDRESS</small>	141 NE 3RD AVENUE, STE 401	
<small>CITY-ST-ZIP</small>	MIAMI FL 33132	
<small>TITLE</small>	V	<input type="checkbox"/> Delete
<small>NAME</small>	DEMELLO, ANDREW	
<small>STREET ADDRESS</small>	912 MILAN AVENUE	
<small>CITY-ST-ZIP</small>	CORAL GABLES FL 33134	
<small>TITLE</small>	D	<input type="checkbox"/> Delete
<small>NAME</small>	SPECK, ROGER	
<small>STREET ADDRESS</small>	141 NE 3RD AVENUE, #401	
<small>CITY-ST-ZIP</small>	MIAMI FL 33132	
<small>TITLE</small>		<input type="checkbox"/> Delete
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		<input type="checkbox"/> Delete
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		<input type="checkbox"/> Delete
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>	President, Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>	Vice-President, Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Roger Speck      DATE: 2/25/08

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