

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000066113

**FILED**  
**Aug 10, 2015**  
**Secretary of State**  
**CC6959107738**

**Entity Name:** SUPER HAPPY FIESTA CORPORATION

**Current Principal Place of Business:**

15851 PINES BOULEVARD  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

P.O. BOX 140970  
CORAL GABLES, FL 33114 UN

**FEI Number:** 36-4791179

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRATS, FERNANDEZ & CO., P.A.  
999 PONCE DE LEON BLVD  
1110  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P,S  
Name OCCHINO, ALESSANDRA  
Address 2641 NORTH FLAMINGO RD. # 2304  
City-State-Zip: PLANTATION FL 33323

Title VP,T  
Name RODRIGUES, JOSE N  
Address 2461 NORTH FLAMINGO RD. # 2304  
City-State-Zip: PLANTATION FL 33323

Title D  
Name OCCHINO RAGUSA, FILIPPO  
Address P.O. BOX 140970  
City-State-Zip: CORAL GABLES FL 33114

Title D  
Name PAGNANO, RITA  
Address PO BOX 140970  
City-State-Zip: CORAL GABLES FL 33114

Title SECRETARY  
Name PARDO, MARTHA LUCERO SR.  
Address 15851 PINES BOULEVARD  
City-State-Zip: PEMBROKE PINES FL 33027

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALESSANDRA OCCHINO

**PRESIDENT**

**08/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date