

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 12, 2011  
Secretary of State**

DOCUMENT# N10000009552

Entity Name: HIS CARING HANDS, INC.

**Current Principal Place of Business:**

3777 NW 78TH AVENUE  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

3777 NW 78TH AVENUE  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 61-1636203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLLY, MYRIAM  
3777 NW 78TH AVENUE  
HOLLYWOOD, FL 33024      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLLY, MYRIAM  
Address: 3777 NW 78TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD  
Name: HOLLY, MARY E  
Address: 3777 NW 78TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D  
Name: ADIMULA, ADE  
Address: 631 NW 100TH PLACE  
City-St-Zip: PEMBROKE PINES, FL 33024

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MYRIAM HOLLY

PD

05/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date