

2008 FOR PROFIT CORPORATION ANNUAL REPORT




FILED

08 SEP 15 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08192008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000090840			
1. Entity Name ALL HANDS: HANDYMAN, CLEANING & GENERAL SERVICES, CORP.			
Principal Place of Business 1350 WEST 53RD ST SUITE 5 HIALEAH, FL 33012		Mailing Address 1350 WEST 53RD ST SUITE 5 HIALEAH, FL 33012	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ARTEAGA, OTTO 1350 WEST 53 STREET STE 5 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name HUMBERTO SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 2725 W. 66 ST. #14 City HIALEAH FL Zip Code 33016	
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:  DATE: 9/9/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTEAGA, OTTO	NAME	HUMBERTO SANCHEZ
STREET ADDRESS	1350 WEST 53 STREET STE 5	STREET ADDRESS	2725 W. 66 ST. #14
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, EDUARDO E	NAME	700136105907
STREET ADDRESS	2725 WEST 66TH ST SUITE 14	STREET ADDRESS	09/18/08--01046--010 **150.00
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, FRANKLIN P	NAME	
STREET ADDRESS	10128 NW 26TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date: 9/9/08 Daytime Phone #: 305-804-2865	