

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117192

FILED
May 01, 2009
Secretary of State

Entity Name: J. & R. UNITED HANDS SERVICES, CORP.

Current Principal Place of Business:

1419 W. WATERS AVE
SUITE 105
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1419 W. WATERS AVE
SUITE 105
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-5545275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSORIO, JOSE O
1419 W. WATERS AVE.
SUITE 105
TAMPA, FL 33604 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSORIO, JOSE O
Address: 6906 SHADY PLACE
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: CABRERA, ROBERTO
Address: 6906 SHADY PLACE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE O OSORIO

P

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date