

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008563

**Entity Name:** LUAARA'S HELPING HAND INC

**Current Principal Place of Business:**

19250 NW 57 CT  
HIALEAH, FL 33015

**Current Mailing Address:**

19250 NW 57 CT  
HIALEAH, FL 33015

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ZAPATA, ARUM S  
19250 NW 57TH CT  
HIALEAH, FL 33015 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            PRES  
Name            ZAPATA, ARUM A  
Address        19250 NW 57 CT  
City-State-Zip: HIALEAH FL 33015

Title            VP  
Name            ZAPATA, ROSA  
Address        19250 NW 57 CT  
City-State-Zip: HIALEAH FL 33015

Title            TRE  
Name            ZAPATA, LUVIANKA  
Address        19250 NW 57 CT  
City-State-Zip: HIALEAH FL 33015

*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:** ARUM A ZAPATA

PRES

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date