

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000034537

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC9280875886**

**Entity Name:** HELPFUL ALLIANCE COMPANY

**Current Principal Place of Business:**

150 SE 2ND AVENUE  
1010  
MIAMI, FL 33139

**Current Mailing Address:**

P.O. BOX 220830  
HOLLYWOOD, FL 33022 US

**FEI Number:** 45-5023152

**Certificate of Status Desired:** Yes

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

BOLOGNA, STEFANIA ESQ  
150 SE 2ND AVENUE  
1010  
MIAMI, FL 33139 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            PRESIDENT, DIRECTOR  
Name            GURIN, SERGEY  
Address        3000 SOUTH OCEAN DRIVE  
                  APT. 916  
City-State-Zip: HOLLYWOOD FL 33019

Title            COO, DIRECTOR  
Name            TEMNIKOV, MAXIM V  
Address        5311 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI BEACH FL 33109

Title            CEO, DIRECTOR  
Name            ZEVEL, VAL  
Address        3370 NE 190 TH. STREET  
                  APT.2813  
City-State-Zip: AVENTURA FL 33180

*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:** SERGEY GURIN

**PRESIDENT**

**01/16/2013**

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

\_\_\_\_\_  
Date