

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000071707

**Entity Name:** BLESSING HANDS SERVICES, INC.

**Current Principal Place of Business:**

1489 N MILITARY TRAIL  
SUITE 208E  
WEST PALM BEACH , FL 33409

**Current Mailing Address:**

244 LAKE ARBOR DRIVE  
LAKE WORTH, FL 33461 US

**FEI Number:** 32-0504706

**Certificate of Status Desired:** Yes

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

THORCHON, NOSELINE  
244 LAKE ARBOR DRIVE  
PALM SPRINGS, FL 33461 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 P  
Name THORCHON, NOSELINE  
Address PO BOX 5975  
City-State-Zip: LAKE WORTH FL 33466

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:** NOSELINE THORCHON

CEO

03/22/2017

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

\_\_\_\_\_  
Date