

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90244 035 ***150.00

DOCUMENT # F29647 1. Entity Name HELEN S INTERNATIONAL, INC.			
Principal Place of Business 125 N RIVERSIDE DR. POMPANO BEACH FL 33062		Mailing Address 101 N RIVERSIDE DR. SUITE # 107 POMPANO BCH FL 33062 US	
2. Principal Place of Business 2705 N. Riverside Dr.		3. Mailing Address same	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 2705 N. Riverside Dr.	
City & State Pompano Bch, FL		City & State Pompano Bch, FL	
Zip 33062		Zip 33062	
Country USA		Country USA	
6. Name and Address of Current Registered Agent DANA, LISA 1473 NE 25 ST POMPANO BEACH FL 33064		7. Name and Address of New Registered Agent Name Joann M. Hall Street Address (P.O. Box Number is Not Acceptable) 2705 N. RIVERSIDE DRIVE City Pompano Bch, FL Zip Code 33062	
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 <u><i>Lisa Dana</i></u> DATE <u>4-21-04</u> <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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HALL, JOANN M 2621 N RIVERSIDE DR POMPANO BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIELHOUWER, DANIEL R. 2467 DARTMOOR BOCA RATON FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD HALL, THOMAS W 2621 N RIVERSIDE DR POMPANO BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Joann M. Hall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-21-04</u> Daytime Phone # <u>954-941-3209</u>	