


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90034 006 ****50.00

DOCUMENT # L05000103355

1. Entity Name
JESUS IS MY HELPER, LLC



Principal Place of Business
**1590 NW 128 DR. APT. 101
 SUNRISE, FL 33323**

Mailing Address
**1590 NW 128 DR. APT. 101
 SUNRISE, FL 33323**

2. Principal Place of Business - No P.O. Box #
1650 NW 128 DRIVE

3. Mailing Address
1650 NW 128 DRIVE

Suite, Apt. #, etc.
#108

Suite, Apt. #, etc.
#108

City & State
SUNRISE

City & State
SUNRISE


Zip
33323

Country

Zip
33323

Country

40070271



04142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3746944

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

GLOBAL HUMAN CAPITAL SOLUTIONS, INC.
1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name
MAYERLINE DUBUC SALERNO

Street Address (P.O. Box Number is Not Acceptable)
1650 NW 128 DRIVE #108

City
SUNRISE

FL Zip Code
33323

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 *Mayerline Dubuc*

Signature typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBUC, AUGUSTO 1590 NW DR. APARTMENT 101 SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE DUBUC, ESTHELA 1590 NW DR. APARTMENT 101 SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALERNO, MAYERLINE D 1590 NW DR. APARTMENT 101 SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBUC AUGUSTO 1650 NW 128 DRIVE #108 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE DUBUC, ESTHELA 1650 NW 128 DRIVE #108 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBUC SALERNO MAYERLINE 1650 NW 128 DRIVE #108 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mayerline Dubuc* **4/14/07** **954-5886979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #