

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003886

1. Entity Name
GLOBAL HELPING HANDS FOUNDATION INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -4 AM 8:00

Principal Place of Business
2800 E COMMERCIAL BLVD, SUITE 208
FT LAUDERDALE, FL 33308

Mailing Address
2800 E COMMERCIAL BLVD, SUITE 208
FT LAUDERDALE, FL 33308



DO NOT WRITE IN THIS SPACE

02192004 No Chg-NP

CR2E037 (10/03)

MRS

4. FEI Number
65-1101652

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
2800 E COMMERCIAL BLVD, SUITE 208
FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

900036457379
14/04--01027--005 **74.99

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EISENSTEIN, MARTIN
STREET ADDRESS 2800 E COMMERCIAL BLVD STE 208 A
CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE SD
NAME EICHLOFF, THOMAS
STREET ADDRESS 2800 E COMMERCIAL BLVD STE 208 A
CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 26-04