


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000003886		
1. Entity Name GLOBAL HELPING HANDS FOUNDATION INC.		

FILED  
08 SEP 22 PM 1:02  
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business - No P.O. Box # <u>175 W. Camino Real</u>	3. Mailing Address <u>175 W. Camino Real</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09102008 Chg-NP CR2E037 (12/06)

City & State <u>BOCA RATON, FL</u>	City & State <u>BOCA RATON, FL</u>
Zip <u>33432</u>	Zip <u>33432</u>
Country <u>U.S.</u>	Country <u>U.S.</u>

4. FEI Number 65-1101652	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KATZ, AYLEN H 2800 E COMMERCIAL BLVD, SUITE 208 FT LAUDERDALE, FL 33308	
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7. Name and Address of New Registered Agent Name <u>Hirsch and Company CPAS, PC</u> Street Address (P.O. Box Number is Not Acceptable) <u>175 W. Camino Real</u> City <u>BOCA RATON</u> FL <u>33432</u>	
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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>X</u> <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <u>9/10/08</u>
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENSTEIN, MARTIN 2800 E COMMERCIAL BLVD STE 208A FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eisenstein, Martin 175 W. Camino Real BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: <u>X</u> <u>[Signature]</u> <u>Martin Eisenstein</u> <u>9/10/08</u>	954 275 0818
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