

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004971

1. Entity Name
HANDS 2 HELP, INC.



Principal Place of Business
**925 NW 125TH STREET
NORTH MIAMI, FL 33168**

Mailing Address
**925 NW 125TH STREET
NORTH MIAMI, FL 33168**



03162006 No Chg-NP

CR2E037 (11/05)

4. FET Number
65-1191895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**JONES, CAMILLE
925 NW 125TH STREET
NORTH MIAMI, FL 33168**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000475332
04/05/06-80011-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JONES, CAMILLE
925 NW 125TH STREET
NORTH MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SANTOS, DIANA
2241 SOUTH SHERMAN CIRCLE C-216
MIRAMAR, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
JONES, CAROL
750 NW 175TH DRIVE
MIAMI, FL 33163**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-06