

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90022 029 ****62.50

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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**



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1191895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, CAMILLE
STREET ADDRESS	925 NW 125TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33168
TITLE	DS
NAME	SANTOS, DIANA
STREET ADDRESS	2241 SOUTH SHERMAN CIRCLE C-216
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	DT
NAME	JONES, CAROL
STREET ADDRESS	750 NW 175TH DRIVE
CITY-ST-ZIP	MIAMI, FL 33169
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)
(CAMILLE JONES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08 786417-2152
Date Daytime Phone #