

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003229

FILED
Feb 24, 2005
Secretary of State

Entity Name: HELPING HANDS OF PINECREST, INC.

Current Principal Place of Business:

9771 S DIXIE HWY
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9771 S DIXIE HWY
MIAMI, FL 33156

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M & W AGENTS, INC.
2101 CORPORATE BLVD
SUITE 107
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLLUB, HARRY
Address: 10901 SW 69 AVE
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: HOLLUB, AMY
Address: 10901 SW 69 AVE
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: DESBIENS, PATRICIA
Address: 8515 SW 207 TERRACE
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY HOLLUB

D

02/24/2005

Electronic Signature of Signing Officer or Director

Date