

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002103

FILED
May 01, 2007
Secretary of State

Entity Name: THE HELPING HANDS OF SHALOM, INC.

Current Principal Place of Business:

160 NE 176TH STREET
SUITE 401
MIAMI, FL 33169

New Principal Place of Business:

900 NE 132ST
MIAMI, FL 33161

Current Mailing Address:

160 NE 176TH STREET
SUITE 401
MIAMI, FL 33169

New Mailing Address:

900 NE 132ST
MIAMI, FL 33161

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES, INC.
6237 MIRAMAR PARKWAY
SUITE 200
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES, INC.
1428 NE 163RD STREET
MIAMI, FL 33162 US

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: ANIS BLEMUR

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOREAL, JOANEM F
Address: 7840 TROPICANA
City-St-Zip: MIRAMAR, FL 33023

Title: VP () Delete
Name: MEDACIER, ODIANE M
Address: 16229 OPAL CREEK DR
City-St-Zip: FT LAUDERDALE, FL 33331

Title: T () Delete
Name: LAURIN, NATIVIDA
Address: 253 NE 104 TER
City-St-Zip: MIAMI, FL 33137

Title: SEC () Delete
Name: FLOREAL, KETTY M
Address: 7840 TROPICANA ST
City-St-Zip: MIRAMAR, FL 33023

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOANEM FLOREAL

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date