

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008116

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** JOINING HANDS INTERNATIONAL, CORP.

**Current Principal Place of Business:**

16243 SW 99TH TERR.  
DADE COUNTY, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

16243 SW 99TH TERR.  
DADE COUNTY, FL 33196

**New Mailing Address:**

**FEI Number:** 13-4304543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEON, LAURA  
16243 SW 99TH TERR.  
DADE COUNTY, FL 33196 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: PSD ( ) Delete  
Name: LEON, LAURA  
Address: 16243 SW 99TH TERR.  
City-St-Zip: DADE COUNTY, FL 33196

Title: VD ( ) Delete  
Name: OYARCE, PABLO D  
Address: 15417 E. POUND WOODS DR.  
City-St-Zip: TAMPA, FL 33158

Title: TD ( ) Delete  
Name: SALAZAR, ANDREA  
Address: 38811 JAMES CT.  
City-St-Zip: ZEPHERHILLS, FL 33540

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: LEON, SHAYNA  
Address: 15132 SW 104 ST APT 211  
City-St-Zip: MIAMI, FL 33196

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: LAURA, LEON

PSD

04/30/2007

Electronic Signature of Signing Officer or Director

Date