2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N05000008116

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 ( )**
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:

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

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

Title: CORP ( ) Change (X) Addition
Name: LEON, EDGAR L JR.
Address: 16243 SW 99TH TERRACE
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 MRS. 05/01/2008

Electronic Signature of Signing Officer or Director — Date