

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001418

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** HELPING A HELPING HAND INC.

**Current Principal Place of Business:**

5404 S.W. 141 PLACE  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

5404 S.W. 141 PLACE  
MIAMI, FL 33175

**New Mailing Address:**

**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:**

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

HERNANDEZ, PABLO  
5404 S.W. 141 PLACE  
MIAMI, FL 33175 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERNANDEZ, PABLO  
Address: 5404 S.W. 141 PLACE  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: HERNANDEZ, IRENE  
Address: 13105 S.W. 20TH TERRACE  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: HERNANDEZ, PABLO SR.  
Address: 13105 S.W. 20TH TERRACE  
City-St-Zip: MIAMI, FL 33175

**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 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: PABLO HERNANDEZ

MR.

06/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date