

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010452

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** MANY HANDS INTERNATIONAL, INC.

**Current Principal Place of Business:**

18680 NE 2ND AVE.  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

18680 NE 2ND AVE.  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 30-0515865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, PHILLIP  
20216 NE 10TH CT. RD.  
MIAMI, FL 33179 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: DIR  
Name: PLUVIOSE, JORDANI V  
Address: 851 NE 207TH TERR.  
City-St-Zip: MIAMI, FL 33179

Title: MEMB  
Name: PLUVIOSE, SOEURETTE V  
Address: 851 NE 207TH TERR. #103  
City-St-Zip: MIAMI, FL 33179

Title: TSD  
Name: JACKSON, PHILLIP  
Address: 20216 NE 10TH CT. RD  
City-St-Zip: MIAMI, FL 33179

Title: SD  
Name: JOURDAIN, CAMALA  
Address: 118680 NE 2ND AVE.  
City-St-Zip: MIAMI, FL 33179

Title: MEMB  
Name: HEALY, SCOTT  
Address: 118680 NE 2ND AVE.  
City-St-Zip: MIAMI, FL 33179

Title: MEMB  
Name: LARCO, MYRTHO  
Address: 118680 NE 2ND AVE.  
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: JORDANI PLUVIOSE

DIR

03/15/2011

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

\_\_\_\_\_ Date