2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 14, 2011
Secretary of State

DOCUMENT# N09000010053

Entity Name: MEDS 2 HANDS CORP.

Current Principal Place of Business:

2055 NE 179TH ST.
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

2055 NE 179TH ST.
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 27-1091983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VEGA, BARBARA
2055 NE 179TH ST.
NORTH MIAMI BEACH, FL 33162 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: PRES
Name: VEGA, BARBARA
Address: 2055 NE 179TH ST,
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: DIR.
Name: ANGELOFF, DEBBIE
Address: ST JOHN BLVD
City-St-Zip: TUSTIN, CA 92780 US

Title: DIR.
Name: MAVRAGANIS, COSTA
Address: P.O. BOX 234
City-St-Zip: MR FREEDOM, NJ 07970 US

Title: DIR.
Name: STROFFOLINO, COLETTE
Address: 6429 MONTGOMERY AVE
City-St-Zip: VAN NUYS, CA 91406 US

Title: DIR
Name: VEGA, YOVANIS
Address: 2055 NE 179TH ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: BARBARA VEGA P 06/14/2011
Electronic Signature of Signing Officer or Director Date