

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005212

**FILED**  
**May 14, 2011**  
**Secretary of State**

**Entity Name:** HELPING HANDS COMMUNITY OUTREACH CENTER INC.

**Current Principal Place of Business:**

2053 ALI BABA AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 693125  
MIAMI, FL 33269

**New Mailing Address:**

**FEI Number:** 27-2714403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARY, TORRANCE J  
115 NE 193RD ST  
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:** PD  
**Name:** PUBIEN, YVONNE  
**Address:** PO BOX 693125  
**City-St-Zip:** MIAMI, FL 33269

**Title:** DVS  
**Name:** GARY, TORRANCE J  
**Address:** PO BOX 693125  
**City-St-Zip:** MIAMI, FL 33269

**Title:** DT  
**Name:** PUBIEN, CLAUDIN  
**Address:** PO BOX 693125  
**City-St-Zip:** MIAMI, FL 33269

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:** YVONNE PUBIEN

PD

05/14/2011

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

\_\_\_\_\_  
Date