

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011660

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** OUR HELPING HANDS GROUP INC.

**Current Principal Place of Business:**

7523 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

7523 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PHILIPPI, JOUZELIE  
7523 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068 US

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

PHILIPPI, JOUZELIE  
7523 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068 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: JOUZELIE PHILIPPI

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PHILIPPI, JOUZELIE  
Address: 7523 KIMBERLY BLVD.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D  
Name: PHILIPPI, MACKENDY  
Address: 7523 KIMBERLY BLVD.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D  
Name: HYPPOLITE, ISMAELITE  
Address: 7523 KIMBERLY BLVD.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: JOUZELIE PHILIPPI

DIR

05/01/2012

Electronic Signature of Signing Officer or Director

Date