

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044691

FILED  
Jul 21, 2004  
Secretary of State

Entity Name: DALI'S HELPING HANDS, INC.

## Current Principal Place of Business:

10011 S.W. 6TH STREET  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

621 S.W. 96TH AVENUE  
PEMBROKE PINES, FL 33025

## Current Mailing Address:

10011 S.W. 6TH STREET  
PEMBROKE PINES, FL 33025

## New Mailing Address:

621 S.W. 96TH AVENUE  
PEMBROKE PINES, FL 33025

FEI Number: 65-1013001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHNEIR, DALILA  
10011 S.W. 6TH STREET  
PEMBROKE PINES, FL 33025

## Name and Address of New Registered Agent:

SCHNEIR, DALILA  
621 S.W. 96TH AVENUE  
PEMBROKE PINES, FL 33025

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: DALILA SCHNEIR

07/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHNEIR, DALILA  
Address: 10011 S.W. 6TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHNEIR, DALILA  
Address: 621 S.W. 96TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALILA SCHNEIR

PD

07/21/2004

Electronic Signature of Signing Officer or Director

Date