


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90016 039 ***150.00

DOCUMENT # P01000048861	
1. Entity Name BLESSED HANDS, INC.	

Principal Place of Business 15012 SW 139 PLACE MIAMI FL 33186	Mailing Address 15012 SW 139 PLACE MIAMI FL 33186
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2. Principal Place of Business 15012 S.W. 139 PL.	3. Mailing Address 15012 S.W. 139 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FLA.	City & State MIAMI, FLA.
Zip 33186	Country USA
Zip 33186	Country USA

4. FEI Number 65-1118210	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent BAILEY, VELMA MS. 15012 SW 139 PLACE MIAMI FL 33186	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEOD	<input type="checkbox"/> Delete	TITLE BAILEY, VELMA MS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAILEY, VELMA MS.		NAME BAILEY, VELMA MS.	
STREET ADDRESS 2163 NW 68TH TERRACE		STREET ADDRESS 2163 NW 68TH TERRACE	
CITY-ST-ZIP MIAMI FL 33147		CITY-ST-ZIP MIAMI FL 33147	
TITLE P	<input type="checkbox"/> Delete	TITLE BAILEY, VELMA MS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAILEY, VELMA MS.		NAME BAILEY, VELMA MS.	
STREET ADDRESS 2163 NW 68TH TERRACE		STREET ADDRESS 2163 NW 68TH TERRACE	
CITY-ST-ZIP MIAMI FL 33147		CITY-ST-ZIP MIAMI FL 33147	
TITLE V	<input type="checkbox"/> Delete	TITLE JONES, SHARON MS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, SHARON MS.		NAME JONES, SHARON MS.	
STREET ADDRESS 2163 NW 68TH TERRACE		STREET ADDRESS 2163 NW 68TH TERRACE	
CITY-ST-ZIP MIAMI FL 33147		CITY-ST-ZIP MIAMI FL 33147	
TITLE ST	<input type="checkbox"/> Delete	TITLE SMITH, OCTAVIA MS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, OCTAVIA MS.		NAME SMITH, OCTAVIA MS.	
STREET ADDRESS 2163 NW 68TH TERRACE		STREET ADDRESS 2163 NW 68TH TERRACE	
CITY-ST-ZIP MIAMI FL 33147		CITY-ST-ZIP MIAMI FL 33147	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Velma Bailey VELMA BAILEY 02/03/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #