

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90223 026 ***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

2. Principal Place of Business

51 N.W. 46^{St.}
Suite, Apt. #, etc.

3. Mailing Address

51 N.W. 46^{St.}
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

MIAMI, FLA.

Zip
33127

Country

USA.

City & State

MIAMI, FLA.

Zip
33127

Country

USA

4. FEI Number

65-1118210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
BAILEY, VELMA MS.
2163 NW 68TH TERRACE
MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BAILEY, VELMA MS.
2163 NW 68TH TERRACE
MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.
JONES, SHARON MS.
2163 NW 68TH TERRACE
MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SMITH, OCTAVIA MS.
2163 NW 68TH TERRACE
MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-2005 6055764917

Date

Daytime Phone #