2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000071918

1. Entity Name

HELPING HANDS REALTY OF SOUTH FLORIDA, INC.



Principal Place of Business

3899 NW 7TH STREET SUITE 203 MIAMI, FL 33126

Mailing Address

3899 NW 7TH STREET SUITE 203 MIAMI, FL 33126 FILED Sep 22, 2004 8:00 am Secretary of State

09-22-2004 90001 033 ***150.00

54073368

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

09142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1126194

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAE, ALBERT 3899 NW 7TH STREET SUITE 203 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

| •. | | | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------|----------------------------|----------------------------------------------------------------------------------------------|--|
| | named entity submits this statement for the plants of registered agent. | ourpose of changing its registere | d office or re | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registered | I Agent signature | required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD NAE, ALBERT 3899 NW 7TH STREET SUITE 203 MIAMI, FL 33126 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CULBERT, KARA 3899 NW 7TH STREET SUITE 203 MIAMI, FL 33126 | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | magan, an a magan . | . • | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY_ST-7IP | | | | | | |

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 provided the corporation of the receiver or trustee empowered.

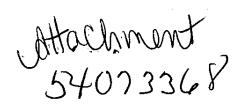
SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



September 13, 2004

Uniform Business Report Division of Corporations P.O. Box 6198 Tallåhassee, FL 32314-6198

DOC, # P01000071918

Re: HELPING HANDS REALTY OF SOUTH FLORIDA, INC.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filling year. According to your letter we never received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

ALBERT NAE PRESIDENT