

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 033 ***150.00

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

54073368



09142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1126194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
54073368

September 13, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6198
Tallahassee, 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