


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90025 041 \*\*\*150.00

DOCUMENT # P03000012409		
1. Entity Name HANDS OF LIFE, INC.		

Principal Place of Business 1508 BAY ROAD, #1421 MIAMI BEACH, FL 33139	Mailing Address 1508 BAY ROAD, #1421 MIAMI BEACH, FL 33139
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2. Principal Place of Business 4 CURTISS PKWY Suite, Apt. #, etc.	3. Mailing Address 4 CURTISS PKWY Suite, Apt. #, etc.
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City & State MIAMI SPRINGS, FL	City & State MIAMI SPRINGS, FL
Zip 33166	Country USA

07082004 Chg-P CR2E034 (10/03)

4. FEI Number 13-4232349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KIM, ELIZA 1508 BAY ROAD, #1421 MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 re-instating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, ELIZA 1508 BAY ROAD, #1421 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # _____
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Attachment

54061610

**JOHN J. KURACK, C.P.A., P.A.**  
*Certified Public Accountant*

**10540 N.E. 4<sup>th</sup> Avenue • Penthouse • Miami Shores, FL 33138**

July 8, 2004

Divisions of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302

**Re: Hands of Life, Inc.**  
**Doc. # P03000012409**

Dear Sir or Madam:

Enclosed please find my client's check in the amount of \$ 150.00

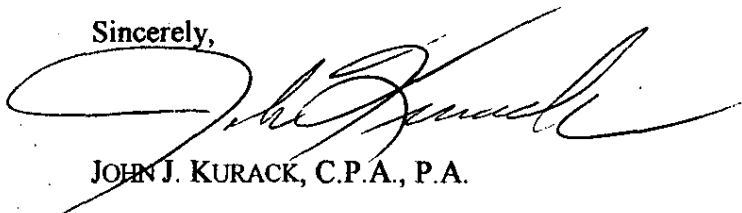
Dr. Kim, the owner and president prides herself on filing and paying all her taxes on time.

I can personally vouch for her timeliness and integrity. Dr. Kim advised me that she never received a renewal notice in the mail. Furthermore, having only been incorporated in the state of Florida since February 2003, she was not aware of this filing or the penalty that could be imposed.

We respectfully request that you accept Dr. Kim's check as payment in full for Hands of Life, Inc. renewal.

Thank you for your attention to this matter.

Sincerely,



**JOHN J. KURACK, C.P.A., P.A.**

Cc: Hands of Life, Inc.