

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121966

FILED
Apr 26, 2005
Secretary of State

Entity Name: RIGHT HAND SOLUTIONS CORP.

Current Principal Place of Business:

7287 WEST 24TH AVE
#158
HIALEAH, FL 33016 US

New Principal Place of Business:

9751 W DAFFODIL LN
MIRAMAR, FL 33025 US

Current Mailing Address:

7287 WEST 24TH AVE
#158
HIALEAH, FL 33016 US

New Mailing Address:

9751 W DAFFODIL LN
MIRAMAR, FL 33025 US

FEI Number: 20-0421188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECHAVARRIA, RIGOBERTO
7287 WEST 24TH AVE
#158
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

HECHAVARRIA, RIGOBERTO
9751 W DAFFODIL LN
MIRAMAR, FL 33025 US

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.

SIGNATURE:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HECHAVARRIA, RIGOBERTO
Address: 7287 WEST 24TH AVE #158
City-St-Zip: HIALEAH, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HECHAVARRIA, RIGOBERTO
Address: 9751 W DAFFODIL LN
City-St-Zip: MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIGOBERTO HECHAVARRIA

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date