

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000062527

FILED
Aug 17, 2007
Secretary of State**Entity Name:** CONNECTING HANDS IN FLORIDA, INC.**Current Principal Place of Business:**2832 NW 108TH AVE
SUNRISE, FL 33322**New Principal Place of Business:**10295A NW 46TH STREET
SUNRISE, FL 33351**Current Mailing Address:**P.O. BOX 451706
SUNRISE, FL 33345 US**New Mailing Address:**10295A NW 46TH STREET
SUNRISE, FL 33351 US**FEI Number:** 20-1054530**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOAYZA, JOSE O
2721 NW 108TH AVE
SUNRISE, FL 33322 US**Name and Address of New Registered Agent:**LOAYZA, AMANDA
2721 NW 108TH AVE
SUNRISE, FL 33322 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: AMANDA LOAYZA

08/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOAYZA, AMANDA
Address: 2832 NW 108TH AVE
City-St-Zip: SUNRISE, FL 33322 US

Title: VD () Delete
Name: LOAYZA, ANGELA
Address: 10307 NW 33 PL
City-St-Zip: SUNRISE, FL 33351 US

Title: TD (X) Delete
Name: LOAYZA, JOSE O
Address: 2721 NW 108TH AVE
City-St-Zip: SUNRISE, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD,S (X) Change () Addition
Name: LOAYZA, AMANDA
Address: 2832 NW 108TH AVE
City-St-Zip: SUNRISE, FL 33322 US

Title: VD,T (X) Change () Addition
Name: LOAYZA, ANGELA
Address: 10307 NW 33 PL
City-St-Zip: SUNRISE, FL 33351 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AMANDA LOAYZA

P

08/17/2007

Electronic Signature of Signing Officer or Director

Date