

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000077496

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL HANDS INSTITUTE, INC.

**Current Principal Place of Business:**

10 N.W. 42ND AVE., STE 200  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

10 N.W. 42ND AVE., STE 200  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 20-1130497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIANA, CARIDAD  
2128 W FLAGLER STREET, SUITE 100  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

TRIANA, CARIDAD  
10 N.W. 42ND AVE., STE 200  
MIAMI, FL 33126 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:

Electronic Signature of Registered Agent

03/14/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRIANA, CARIDAD  
Address: 9351 FONTAINBLUE BLVD.  
City-St-Zip: MIAMI, FL 33175

Title: V  
Name: RUIZ, NOEL  
Address: 6770 SW 48 ST  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: CARIDAD TRIANA

P

03/14/2011

Electronic Signature of Signing Officer or Director

Date