

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081951

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HANDSSKY ENTERPRISES, INC.

**Current Principal Place of Business:**

520 SW 132ND AVENUE  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

520 SW 132ND AVENUE  
DAVIE, FL 33325

**New Mailing Address:**

FEI Number: 20-1153973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O & P TAX ACCOUNTING CORP.  
11890 SW 8TH STREET  
PENTHOUSE VII  
MIAMI, FL 33184 US

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BECERRA, HENRY A  
Address: 520 SW 132ND AVENUE  
City-St-Zip: DAVIE, FL 33325 US

Title: VP ( ) Delete  
Name: RAMIREZ, SANDRA  
Address: 520 SW 132ND AVENUE  
City-St-Zip: DAVIE, FL 33325 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: HENRY BECERRA

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date