

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055412

FILED
Jan 25, 2006
Secretary of State

Entity Name: HELPING HANDS REHAB & HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

9900 SW 168TH ST SUITE 5
MIAMI, FL 33157

New Principal Place of Business:

4485 N.W 36 STREET
SUITE 12
MIAMI, FL 33166 US

Current Mailing Address:

9900 SW 168TH ST SUITE 5
MIAMI, FL 33157

New Mailing Address:

4485 N.W 36 STREET
SUITE
MIAMI, FL 33166 US

FEI Number: 20-2694845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLA, DAMIAN
9900 SW 168TH ST SUITE 5
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

CASTILLA, DAMIAN
4485 N.W 36 STREET
MIAMI, FL 33166 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:

01/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTILLA, DAMIAN
Address: 1581 SW 191 LANE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V () Delete
Name: APAZA, ROSARIO P
Address: 10449 SW 210 TERR
City-St-Zip: MIAMI, FL 33189

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 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: DAMIAN CASTILLA

P

01/25/2006

Electronic Signature of Signing Officer or Director

Date