



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 040 ***150.00

DOCUMENT # P05000090840					
1. Entity Name ALL HANDS: HANDYMAN, CLEANING & GENERAL SERVICES, CORP.					
Principal Place of Business PO BOX 160118 HIALEAH, FL 33016			Mailing Address PO BOX 160118 HIALEAH, FL 33016		
2. Principal Place of Business 1350 WEST 53th STREET Suite, Apt. #, etc. #5		3. Mailing Address 1350 WEST 53th STREET Suite, Apt. #, etc. #5			
City & State HIALAH, FL		City & State HIALEAH, FL		4. FEI Number 20-3044903	
Zip 33012		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTEAGA, OTTO 1350 WEST 53 STREET STE 5 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTEAGA, OTTO 1350 WEST 53 STREET STE 5 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDUARDO E. VERA 2725 W. 66th STREET # 14 HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN P. DE JESUS 10128 NW 26th AVENUE MIAMI, FL 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>OTTO ARTEAGA</i>			08/28/2006 (786) 512-9223		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		