

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

DOCUMENT # P05000106388

1. Entity Name
HANDS-ON EVERYTHING, CORP



09-07-2006 90027 001 *****8.75

09-07-2006 90027 002 ***150.00

Principal Place of Business

1911 REEF CLUB DRIVE
103
KISSIMMEE, FL 34741

Mailing Address

1911 REEF CLUB DRIVE
103
KISSIMMEE, FL 34741

2. Principal Place of Business

2968 Clipper Cove Ln
Suite, Apt. #, etc.
Apt. 101

3. Mailing Address

P.O. Box 453704
Suite, Apt. #, etc.

05232006

Chg-P

CR2E034 (11/05)

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

4. FEI Number

20-3233624

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34745

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, JULIAN
1911 REEF CLUB DRIVE
103
KISSIMMEE, FL 34741

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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

TITLE P ☐ Delete
NAME FIGUEROA, JULIAN
STREET ADDRESS 1911 REEF CLUB DRIVE #103
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M ☐ Change ☒ Addition
NAME CARMEN MONCADA
STREET ADDRESS 2311 S. CONWAY RD Apt. 602
CITY-ST-ZIP Orlando, FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIAN FIGUEROA

Date

Daytime Phone #

(407) 4604671