2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011803

MIAMI, FL 33177

City-St-Zip:

Entity Name: HANDS ON TUTORING CENTER CORP.

FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business:			New Britains Black of Business		
	rincipai Piace 140 PLACE	of Business:	New Principal Place	of Business:	
MIAMI, FL	33186				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O BOX 7 MIAMI, FL					
FEI Number	: 75-3229873	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MIRO, KR 15108 SW MIAMI, FL	140 PLACE				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MIRO, SAMUEL 15108 SW 140 MIAMI, FL 331	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PARDON, JOSI 17910 SW 137 MIAMI, FL 331	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () MIRO, KRISTIN 15108 SW 140 MIAMI, FL 331	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	P () PADRON, REB 17910 SW 137		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: KRISTINE MIRO DIRE 06/22/2009