

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000016686

FILED
Jan 22, 2009
Secretary of State**Entity Name:** HELPING HANDS HOME HEALTH CARE SERVICES, INC.**Current Principal Place of Business:**8009 S.W. 36 STREET
SUITE 213
DORAL, FL 33166**New Principal Place of Business:**8009 N.W. 36 STREET
SUITE 213
DORAL, FL 33166**Current Mailing Address:**8009 S.W. 36 STREET
SUITE 213
DORAL, FL 33166**New Mailing Address:**8009 N.W. 36 STREET
SUITE 213
DORAL, FL 33166**FEI Number:** 26-1980281**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FRANCO, NATALIE
8009 N.W. 36TH STREET
SUITE 213
DORAL, FL 33166 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**OFFICERS AND DIRECTORS:****Title:** PRES () Delete
Name: FRANCO, NATALIE
Address: 1410 S.W. 149TH AVENUE
City-St-Zip: MIAMI, FL 33194**Title:** VP () Delete
Name: SANCHEZ, MAIRA
Address: 220 NW 129 AVE
City-St-Zip: MIAMI, FL 33182**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: NATALIE FRANCO

PRES

01/22/2009

Electronic Signature of Signing Officer or Director_____
Date