

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016686

FILED  
Feb 02, 2011  
Secretary of State

**Entity Name:** HELPING HANDS HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

8009 N.W. 36 STREET  
SUITE 213  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8009 N.W. 36 STREET  
SUITE 213  
DORAL, FL 33166

**New Mailing Address:**

**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  
Name: FRANCO, NATALIE  
Address: 1410 S.W. 149TH AVENUE  
City-St-Zip: MIAMI, FL 33194

Title: VP  
Name: SANCHEZ, MAIRA  
Address: 220 NW 129 AVE  
City-St-Zip: MIAMI, FL 33182

I hereby 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 all other like empowered.

SIGNATURE: MAIRA SANCHEZ

V.P

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date