

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048412

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** HANDS UP ASL INTERPRETING, INC.

**Current Principal Place of Business:**

951 NW 3RD AVENUE, #10  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

951 NW 3RD AVENUE, #10  
FLORIDA CITY, FL 33034

**New Mailing Address:**

PO BOX 3803  
HAINES CITY, FL 33845

**FEI Number:** 27-2930720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KULBABA, ELISSE  
951 NW 3RD AVENUE, #10  
FLORIDA CITY, FL 33034 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:** P  
**Name:** KULBABA, GINA  
**Address:** 951 NW 3RD AVENUE, #10  
**City-St-Zip:** FLORIDA CITY, FL 33034

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:** GINA KULBABA

PRES

04/12/2011

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

\_\_\_\_\_  
Date