

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 012 ***150.00

DOCUMENT # P93000024843

1. Entity Name
HANDLE WITH CARE, INC.



Principal Place of Business
10526 PEBBLE COVE LANE
BOCA RATON, FL 33498 US

Mailing Address
10526 PEBBLE COVE LANE
BOCA RATON, FL 33498 US



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0405662

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEINTUCH, STEVEN
10526 PEBBLE COVE LANE
BOCA RATON, FL 33498

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINTUCH, STEVEN 10526 PEBBLE COVE LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINTUCH, ARLYNE 10526 PEBBLE COVE LANE BOCA RATON, FL 33498
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Steven Feintuch* **steven Feintuch** **4-23-05** **(561) 852-3992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #