

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000080432					
1. Entity Name HANDY-R INTERNATIONAL CO.					
Principal Place of Business 8976 TAFT STREET UNIT 9 PEMBROKE PINES FL 33024			Mailing Address 1140 DOUGLAS ROAD PEMBROKE PINES FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0698326	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REYNOSO, RAFAEL 8976 TAFT STREET PEMBROKE PINES FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reactivating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSD	REYNOSO, RAFAEL	8976 TAFT STREET UNIT 9	PEMBROKE PINES FL 33024	☐ Delete ☐ Change ☐ Add 000000427337 02/21/06-80004-006-150.00 ☐ Change ☐ Add	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete ☐ Change ☐ Add	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete ☐ Change ☐ Add	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete ☐ Change ☐ Add	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete ☐ Change ☐ Add	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete ☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rafael Reynoso* **RAFAEL REYNOSO 02/09/06 954-431-1000**