


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90005 046 ***150.00

DOCUMENT # P97000087854					
1. Entity Name MY HANDS YOUR HEALTH, INC.					
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131			Mailing Address 1510 RODMAN STREET HOLLYWOOD, FL 33020 US		
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 65-0786710	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA PENA, VILLANUEVA & BAJANDAS, LLP. 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIDDLETON, DEBORAH		NAME		
STREET ADDRESS	1510 RODMAN ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Deborah Mah</i>			8/8/06 954-920-0005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50025255



07312006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0786710

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

6. Name and Address of Current Registered Agent
DE LA PENA, VILLANUEVA & BAJANDAS, LLP.
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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SIGNATURE: *Deborah Mah* 8/8/06 954-920-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50.025255

Allyson L. Valenzuela

8022 NW 72 Street

Tamarac, Florida 33321

Telephone: (954) 722-8087

Fax: (954) 724-9579

July 14, 2006

**Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314**

RE: My Hands Your Health, Inc.

Document #: P97000087854

Sir or Madam:

I am writing this letter in response to your notice of dissolution, which states that the above entity failed to file their 2006 annual report.

Please be advised that the above referenced entity never received the forms necessary to file the UBR report and does not have computer capabilities.

Please waive the late filing penalty and mail a duplicate UBR form so that the corporation can be reinstated.

Regards,


Allyson Valenzuela



ATTACHMENT

50025255-

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2006

MY HANDS YOUR HEALTH, INC.
8022 NW 72 STREET
TAMARAC, FL 33321 US

SUBJECT: MY HANDS YOUR HEALTH, INC.
Ref. Number: P97000087854

Thank you for your correspondence of July 14, 2006, which has been forwarded to me for response.

ENCLOSING 2006 ANNUAL REPORT AS REQUESTED.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Document Specialist

Letter Number: 106A00047953