FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91204 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024821

1. Entity Name
HEALING HANDS, INC.

20032292

Principal Place of Business
1557 CARRIAGE BROOKE DRIVE
WELLINGTON, FL 33414

Mailing Address
~~1557 CARRIAGE BROOKE DRIVE~~
WELLINGTON, FL 33414

13379 Georgian Ct. Wellington

2. Principal Place of Business: 13379 Georgian Ct
Suite, Apt. #, etc.
City & State: Wellington FL
Zip: 33414 County: P.B.

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0835330 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
~~TORRES, RUTH~~ Ruth. E. Pelaez
~~1557 CARRIAGE BROOKE DRIVE~~
~~WELLINGTON, FL 33414~~
13379 Georgian Ct.
Wellington, Fl. 33414

7. Name and Address of New Registered Agent
Name: None.
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 [signature] 3-9-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~TORRES,~~ RUTH E. Pelaez 1567 CARRIAGE BROOKE DRIVE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TORRES, MIGUEL 1557 CARRIAGE BROOKE DR WELLINGTON, FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 3-9-03 –
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #