

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000016698

**Entity Name:** MY GROWING HANDS INC

**Current Principal Place of Business:**

3285 NW 41ST STREET  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

3285 NW 41ST STREET  
LAUDERDALE LAKES, FL 33319

**FEI Number:** 86-2072145

**Certificate of Status Desired:** No

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

FAIR INSURANCE AGENCY INC  
999 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

*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

**Officer/Director Detail :**

Title P  
Name LASSIN, PHARA  
Address 3285 NW 41ST STREET  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title SEC  
Name PARKE, TAMARA  
Address 999 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33319

*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:** PHARA LASSIN

**PRES**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date