


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001719**  
 1. Entity Name  
 HOPE AND DREAMS FOUNDATION, INC.



Principal Place of Business: 232 ANDALUSIA AVE, SUITE 200, CORAL GABLES, FL 33134  
 Mailing Address: 232 ANDALUSIA AVE, SUITE 200, CORAL GABLES, FL 33134

*\$700*



01172006 No Chg-NP CR2E037 (11/05)  
 4. FEI Number: 65-0990943 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  
 BULNES, NORA  
 232 ANDALUSIA AVE  
 SUITE 200  
 CORAL GABLES, FL 33134

**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: \_\_\_\_\_

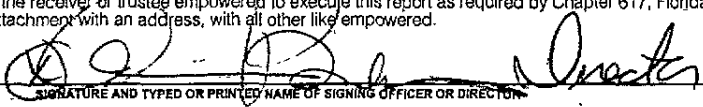
**Filing Fee is \$61.25 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BULNES, NORA
STREET ADDRESS	232 ANDALUSIA AVE STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	BULNES, MICHAEL
STREET ADDRESS	232 ANDALUSIA AVE STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	BULNES, AVELINA
STREET ADDRESS	7841 SW 16TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	RODRIGUEZ-BULES, ANDREA
STREET ADDRESS	7841 SW 16TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	RAJOY, LILLIAM
STREET ADDRESS	300 ARAGON AVE#305
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000404000  
 02/06/06-80032-018 70.110  
**DO NOT WRITE IN THIS SPACE**

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 617, 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:  1-17-06 305-446-3305  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_