


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90095 010 ****61.25
01-27-2003 90319 046 ****61.25

DOCUMENT # N02000005652

1. Entity Name
WINGS OF HOPE, CORP.



Principal Place of Business Mailing Address

**10220 S.W. 121 STREET
MIAMI FL 33176** **10220 S.W. 121 STREET
MIAMI FL 33176**

2. Principal Place of Business 3. Mailing Address

**6741 Coral Way
Suite, Apt. #, etc.
Suite 45
MIAMI, FL** **6741 Coral Way
Suite, Apt. #, etc.
Suite 45
MIAMI, FL**

Zip Country Zip Country

33155 USA 33155 USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHILITO, ALICIA
10220 S.W. 121 STREET
MIAMI FL 33176**

4. FEI Number Applied For

05-0523780 Not Applicable

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

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 \$61.25
After September 10, 2003, min will be \$236.25**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MOISES	
STREET ADDRESS	10220 S.W. 121 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHILITO, ALICIA	
STREET ADDRESS	10220 S.W. 121 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LARA, HUGO PEREZ	
STREET ADDRESS	10220 S.W. 121 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MOISES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: **SIGNATURE REQUIERIDA Alicia Chilto 7/15/03 305-971-8690**

CR2E037 (4/03)