

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# N03000002367

Entity Name: H.O.P.E. IN MIAMI BEACH, INC.

Current Principal Place of Business:

10855 SW 26TH STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10855 SW 26TH STREET
MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-0005685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, TERESA A
1300 NORTHWEST 167TH STREET
SUITE 3
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, PEDRO A
Address: 10855 SW 26TH STREET
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: MARTINEZ, MARIA J
Address: 10855 SW 26TH STREET
City-St-Zip: MIAMI, FL 33165

Title: VD () Delete
Name: RICELLI, ILIANAN M
Address: 10855 SW 26TH STREET
City-St-Zip: MIAMI, FL 33165

Title: CD () Delete
Name: CARDOUNEL, EDUARDO A
Address: 10855 SW 26TH STREET
City-St-Zip: MIAMI, FL 33165

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM () Change (X) Addition
Name: GONZALEZ, LUIS F
Address: 10855 SW 26 TH STREET
City-St-Zip: MIAMI, FL 33165

Title: BM () Change (X) Addition
Name: FOUNTAIN, ROBERT
Address: 10855 SW 26 TH STREET
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO A. MARTINEZ

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date