


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 037 ****61.25

DOCUMENT # N05000001241

1. Entity Name
HOPE ACADEMY, INC.



Principal Place of Business
~~15023 SW 29TH TERRACE~~
MIAMI, FL 33033

Mailing Address
~~15023 SW 29TH TERRACE~~
MIAMI, FL 33033

40046700



2. Principal Place of Business - No P.O. Box #
10875 SW Quail Roost Drive
 Suite, Apt. #, etc.

3. Mailing Address
9990 SW 77 Ave.
~~Southwest 77th Avenue~~
 Suite, Apt. #, etc.
Suite 330

03212007 Chg-NP CR2E037 (12/06)

City & State
Miami, FL 33157

City & State
Miami, FL 33156

Zip Country Zip Country

4. FEI Number
20-4565103

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~PERSAUD, CECIL R~~
10875 SW QUAIL ROOST DRIVE
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
John A. Margolis

Street Address (P.O. Box Number is Not Acceptable)
Suite 330, 9990 SW 77th Ave.,

City **Miami** FL Zip Code **33156**

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 *John A. Margolis* (NOTE: Registered Agent signature required when reinstating) DATE 3/28/07

Filing Fee is \$61.25
Due by May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	PERSAUD, CECIL R	
STREET ADDRESS	10875 SW QUAIL ROOST DRIVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMNAUTH, BAUL	
STREET ADDRESS	10875 SW QUAIL ROOST DRIVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERSAUD, INDRANIE	
STREET ADDRESS	10875 SW QUAIL ROOST DRIVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUTAR, NIRVALA	
STREET ADDRESS	10875 SW QUAIL ROOST DRIVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGH, EDDIE	
STREET ADDRESS	10875 SW QUAIL ROOST DRIVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vevicanand Ramnauth	
STREET ADDRESS	10875 SW Quail Roost Drive	
CITY-ST-ZIP	Miami, FL 33157	
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 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: *Cecil R. Persaud* **3-21-07** **786-573-4435**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CECIL R. PERSAUD