

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N06000012006

Entity Name: DROPS OF HOPE, INC.

Current Principal Place of Business:

4851 W HILLSBORO BLVD
SUITE A-11
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4851 W HILLSBORO BLVD
SUITE A-11
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-5934734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, MICHAEL
4851 W HILLSBORO BLVD
SUITE A-11
COCONUT CREEK, FL 33073 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: D () Delete
Name: FISCHER, MICHAEL
Address: 4851 WEST HILLSBORO BLVD. SUITE A-11
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: MIRKOW, DORI
Address: 5021 IBIS PL
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: DELCARPIO, ROCIO
Address: 1957 NW WILDWOOD LN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: BUTZER, CHRISTINA
Address: 732 EUCLID AVE #9
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: MICHAEL FISCHER

D

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date