

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003656

FILED
Jun 13, 2011
Secretary of State

Entity Name: CHILDREN'S HOPE CHEST OF DREAMS, INC.

Current Principal Place of Business:

C/O AREA 61 MUSICWORKSHOP
504 NE 190TH
MIAMI GARDENS, FL 33179

New Principal Place of Business:

Current Mailing Address:

C.H.C OF DREAMS C/O AREA 61 MUSICWORKSHOP
6645 NW 174TH TERRACE
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 06-1820025 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARCELIN, JEAN H
6645 N.W. 174 TERRACE
MIAMI LAKES, FL 33015 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: DP
Name: MARCELIN, JEAN H
Address: 6645 N.W. 174 TERRACE
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP
Name: MARCELIN, PATRICK M
Address: 6645 N.W. 174 TERRACE
City-St-Zip: MIAMI LAKES, FL 33015

Title: D
Name: GONZALEZ, LAWRENCE
Address: 2353 MISSION ROAD APT D8
City-St-Zip: TALLAHASSEE, FL 32304

Title: S
Name: GUERRIER, FRANCESCA
Address: 16950 NORTH BAY ROAD APT 1001
City-St-Zip: SUNNY ISLES, FL 33160

Title: D
Name: PRESOIR, ROBERT
Address: 9655 WOODS DRIVE UNIT 1209
City-St-Zip: SKOKIE, IL 60077

I hereby 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 all other like empowered.

SIGNATURE: PATRICK MARCELIN

VP

06/13/2011

Electronic Signature of Signing Officer or Director

Date