

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90081 033 \*\*\*\*70.00



**DOCUMENT # N02000001533**  
1. Entity Name  
**HOPE MINISTRIES INTERNATIONAL, INC OF TAMPA,  
FLORIDA**

Principal Place of Business      Mailing Address  
**P.O. BOX 926      P.O. BOX 926**  
**BRANDON FL 33509-0926      BRANDON FL 33509-0926**  
**US      US**

24046500



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**03-0411555**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**MARTINEZ, HUGO A**  
**701 PROVIDENCE TRACE CIR**  
**201**  
**BRANDON FL 33511**

7. Name and Address of New Registered Agent  
Name      **MARTINEZ, ANALIA A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**413 BIG CEDAR WAY # C**  
City      **BRANDON**      State      **FL**      Zip Code      **33510**

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      *[Signature]*      (REGISTERED AGENT) **ANALIA MARTINEZ**      03/15/04  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MARTINEZ, HUGO A 701 PROVIDENCE TRACE CIR #201 BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CISTERNA, MARIA E 701 PROVIDENCE TRACE CIR #201 BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FURLONG, GUILLERMO E AVE LACROZE 2882, 3 PISO APT.C BUENOS AIRES ARGENTINA 00 1430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DOMINGUEZ, DANIEL E MENDOZA 1381 BUENOS AIRES ARGENTINA 1428 00 1428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MORALES, ISAAC E 701 PROVIDENCE TRACE CIR #201 BRANDON FL 33511 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DELETE, DELETE 0 DELETE DELETE 00 00000 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MARTINEZ, HUGO A. 1300 E. FAIRHAVEN AVE #19 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CISTERNA, MARIA E. 1300 E. FAIRHAVEN AVE #19 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      **ANALIA MARTINEZ**      03/15/04      (813) 654-9895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (REGISTERED AGENT)      Date      Daytime Phone #