


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001533					
1. Entity Name HOPE MINISTRIES INTERNATIONAL, INC OF TAMPA, FLORIDA					
Principal Place of Business P.O. BOX 926 BRANDON FL 33509-0926 US			Mailing Address P.O. BOX 926 BRANDON FL 33509-0926 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0411555	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTINEZ, ANALIA A 413 BIG CEDAR WAY #C BRANDON FL 33510				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, HUGO A		NAME		
STREET ADDRESS	1300 E FAIRHAVEN AVE., #19		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CISTERNA, MARIA E		NAME		
STREET ADDRESS	1300 E FAIRHAVEN AVE., #9		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FURLONG, GUILLERMO E		NAME		
STREET ADDRESS	AVE LACROZE 2882, 3 PISO APT.C		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES ARGENTINA 00 1430		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGUEZ, DANIEL E		NAME		
STREET ADDRESS	MENDOZA 1381		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES ARGENTINA 1428 00 1428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELETE, DELETE 0		NAME		
STREET ADDRESS	DELETE		STREET ADDRESS		
CITY-ST-ZIP	DELETE 00 00000		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Analia Martinez ANALIA MARTINEZ 02/09/05 813-391-6418:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #