


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90430 040 ****70.00

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. 1850 PROVIDENCE LAKE BLVD. APT 104		3. Mailing Address Suite, Apt. #, etc. 1850 PROVIDENCE LAKE BLVD. APT. 104		04142006 Chg-NP CR2E037 (11/05)	
City & State BRANDON, FL.		City & State BRANDON, FL.		4. FEI Number 03-0411555	
Zip 33511		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 ANALIA A. MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1850 PROVIDENCE LAKE BLVD. APT. 104 City BRANDON FL Zip Code 33511	
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 <u>Analia Martinez</u> <small>Signature, typed or printed name of registered agent and title, applicable.</small>				DATE <u>04/14/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, HUGO A 1300 E FAIRHAVEN AVE., #19 SANTA ANA, CA 92705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, HUGO A. 11121 DINO CIR. APT. # 32 GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISTERNA, MARIA E 1300 E FAIRHAVEN AVE., #9 SANTA ANA, CA 92705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CISTERNA, MARIA E 11121 DINO CIR APT. # 32 GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, DANIEL E MENDOZA 1381 BUENOS AIRES ARGENTINA 1428, 00 1428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELETE, DELETE 0 DELETE DELETE, 00 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAAC MORALES 1850 PROVIDENCE LAKES Blvd. Apt 104 BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Analia Martinez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>04/16/06</u> <small>Date</small>	
<small>Daytime Phone #</small>					