

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001756

**Entity Name:** HANDS OF HOPE FOUNDATION INC.**Current Principal Place of Business:**8950 SW 74TH COURT,  
SUITE 2201 A-45  
MIAMI, FL 33156**Current Mailing Address:**9440 SW 136TH ST  
MIAMI, FL 33176 US**FEI Number:** 37-1751686**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ESTRADA, VERONICA  
9440 SW 136TH ST  
MIAMI, FL 33176 US*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

**Officer/Director Detail :**

|                 |                   |                 |                  |
|-----------------|-------------------|-----------------|------------------|
| Title           | P                 | Title           | V                |
| Name            | ESTRADA, VERONICA | Name            | ESTRADA, TATIANA |
| Address         | 9440 SW 136TH ST  | Address         | 9440 SW 136TH ST |
| City-State-Zip: | MIAMI FL 33176    | City-State-Zip: | MIAMI FL 33176   |
| Title           | T                 | Title           | S                |
| Name            | CARDENAL, MARIA   | Name            | ESTRADA, CARLOS  |
| Address         | 9440 SW 136TH ST  | Address         | 9440 SW 136TH ST |
| City-State-Zip: | MIAMI FL 33176    | City-State-Zip: | MIAMI FL 33176   |
| Title           | BOARD MEMBER      |                 |                  |
| Name            | HICKEY, VIRGINIA  |                 |                  |
| Address         | 9440 SW 136TH ST  |                 |                  |
| City-State-Zip: | MIAMI FL 33176    |                 |                  |

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:** VERONICA ESTRADA**PRESIDENT****03/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date