

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000021518

**Entity Name:** HOPE VALLEY RESOURCE CENTER INC.

**Current Principal Place of Business:**

11929 SOUTHWEST BENNINGTON CIRCLE  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

11929 SOUTHWEST BENNINGTON CIRCLE  
PORT SAINT LUCIE, FL 34987

**FEI Number: 84-5092905**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA  
1840 SOUTHWEST 22ND STREET 4TH FLOOR  
MIAMI, FL 33145 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 PRE  
Name GARCIA, HEIDY  
Address 11929 SOUTHWEST BENNINGTON CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title PREV  
Name GARCIA, MIGUEL  
Address 11929 SOUTHWEST BENNINGTON CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title SEC  
Name GARCIA, HEIDY  
Address 11929 SOUTHWEST BENNINGTON CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title DIR  
Name GARCIA, HEIDY  
Address 11929 SOUTHWEST BENNINGTON CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title DIR  
Name GARCIA, MIGUEL  
Address 11929 SOUTHWEST BENNINGTON CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MIGUEL GARCIA**

**VICE PRESIDENT OF OPERATIONS**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date