2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 709951

Entity Name: HOPE CENTER, INC.

Current Principal Place of Business:

666 SOUTHWEST FOURTH STREET
MIAMI, FL 331302315

New Principal Place of Business:

Current Mailing Address:

666 SOUTHWEST FOURTH STREET
MIAMI, FL 331302315

New Mailing Address:

FEI Number: 59-0737623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHELAN, AILEEN
C/O HOPE CENTER
666 SW 4TH STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	ORCINOLO, SHAUN	
Address:	1200 S. PINE ISLAND RD. #800	
City-St-Zip:	PLANTATION, FL 33324	
Title:	V	( ) Delete
Name:	BERMAN, LEONARD	
Address:	8201 PINE ROAD	
City-St-Zip:	FORT LAUDERDALE, FL 33321	
Title:	T	( ) Delete
Name:	TUSCHMAN, RICHARD	
Address:	1200 BRICKWELL AVE 1900	
City-St-Zip:	MIAMI, FL 33131	
Title:	PD	( ) Delete
Name:	GOTTLIEB, KAREN	
Address:	PO BOX 1388	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	S	( ) Delete
Name:	PUJOL, GRACE	
Address:	110 SALAMANCA 302	
City-St-Zip:	FORT LAUDERDALE, FL 333134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHAUN ORCINOLO P 04/29/2005

Electronic Signature of Signing Officer or Director — Date