RT FILED Mar 11, 2009 Secretary of State 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 709951

Entity Name: HOPE CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:			
666 SOUTHWEST FOURTH STREET MIAMI, FL 331302315		2700 WEST 81ST STREET HIALEAH, FL 33016			
Current Mailing Address:		New Mailing Address:			
666 SOUTHWEST FOURTH STREET MIAMI, FL 331302315		2700 WEST 81ST STREET HIALEAH, FL 33016			
FEI Number: 59-0737623	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:			
AILEEN, PHELAN C/O HOPE CENTER		LUSTIG, ROY R ESQ 1 SE 3RD AVENUE			

666 SW 4TH STREET MIAMI, FL 33130 US

1 SE 3RD AVENUE SUITE 1210 MIAMI, FL 33131 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.

SIGNATUR	RE: ROY R. LUSTIG	03/11/2009		
Electronic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	5100 TOWNCENTER CIRCLE TOWER II #64	Title: Name: Address: City-St-Zip:	2700 WEST 81ST STREET	
Title: Name: Address: City-St-Zip:	V () Delete GOTTLIEB, KAREN 3700 HIBISCUS ST COCONUT GROVE, FL 33133	Title: Name: Address: City-St-Zip:	2700 WEST 81ST STREET	
Title: Name: Address: City-St-Zip:	S () Delete TUSCHMAN, RICHARD 200 S BISCAYNE BLVD, STE 2100 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	2700 WEST 81ST STREET	
Title: Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	T () Delete FRANQUI, ANNETTE 1221 BRICKELL BAY DR STE 1170 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	2501 N.E. 22 TERRACE	
Title: Name: Address: City-St-Zip:	CEO (X) Delete PHELAN, AILEEN 666 SW 4TH ST MIAMI, FL 33130	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:	JOSEPH A. ANIELLO	Р	03/11/2009
	Electronic Signature of Signing Officer or Director		Date