

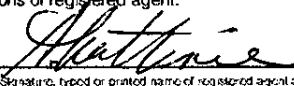
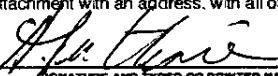


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90006 019 \*\*\*\*61.25

<b>DOCUMENT # N00000000451</b> 1. Entity Name <b>HAVEN OF HOPE MIAMI, INCORPORATED</b>					
Principal Place of Business 2535 NW 118 ST MIAMI, FL 33167				Mailing Address 2610 NW 119 STREET MIAMI, FL 33167	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03052003 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>65-0982655</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GUTHRIE, ALBERT</b> <b>2610 NW 119 STREET</b> <b>MIAMI, FL 33167</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			08/09/04 <small>DATE</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARL, HECTOR 8560 SHERATON DR. MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CREGARY, VASPER F 3750 NW 204 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENRY, PANSY 9740 ATLANTIC DRIVE MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Lewelyn Sandy 3054 NW 203 LN. MIAMI, FL 33058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEARL, LYNETTE 20009 NW 66 PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, ALBERT 6004 NW 201 TERR. MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, LIVINGSTON 8925 NE 9TH COURT MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARL, GUY 20009 NW 66 PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08/09/04 <small>Date</small>		