2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N00000000451

Entity Name: HAVEN OF HOPE MIAMI, INCORPORATED

Current Principal Place of Business:

2535 NW 118 ST
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

2610 NW 119 STREET
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0982655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUTHRIE, ALBERT
6004 NW 201 TERRACE
HIALEAH, FL 33015 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:	P	( ) Delete
Name:	GUTHRIE, SONIA	
Address:	6004 NW 201 TERRACE	
City-St-Zip:	HIALEAH, FL 33015	
Title:	VPD	( ) Delete
Name:	HENRY, PANSY	
Address:	9740 ATLANTIC DRIVE	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	STD	( ) Delete
Name:	PEART, LYNETTE	
Address:	20009 NW 66 PLACE	
City-St-Zip:	HIALEAH, FL 33015	
Title:	D	( ) Delete
Name:	GUTHRIE, ALBERT	
Address:	6004 NW 201 TERR.	
City-St-Zip:	HIALEAH, FL 33015	
Title:	D	( ) Delete
Name:	KNOWLES, LIVINGSTONE	
Address:	8925 NE 9TH COURT	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	D	( ) Delete
Name:	PEART, GUY	
Address:	20009 NW 66 PLACE	
City-St-Zip:	HIALEAH, FL 33015	

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

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: SONIA GUTHRIE MRS. 05/15/2008

Electronic Signature of Signing Officer or Director — Date