


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90033 008 ****61.25

DOCUMENT # N00000001719	
1. Entity Name HOPE AND DREAMS FOUNDATION, INC.	

Principal Place of Business 232 ANDALUSIA AVE SUITE 200 CORAL GABLES FL 33134	Mailing Address 232 ANDALUSIA AVE SUITE 200 CORAL GABLES FL 33134
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MOORE CR2E037 (11/03)

2. Principal Place of Business 232 ANDALUSIA AVE SUITE 200 Coral Gables Fla 33134 USA	3. Mailing Address 232 ANDALUSIA AVE SUITE 200 Coral Gables FLA 33134 USA
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4. FEI Number 65-0990943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BULNES, NORA 232 ANDALUSIA AVE SUITE 200 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BULNES, NORA STREET ADDRESS 232 ANDALUSIA AVE STE 200 CITY-ST-ZIP CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BULNES, MICHAEL STREET ADDRESS 232 ANDALUSIA AVE STE 200 CITY-ST-ZIP CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MACIAS, JUAN CARLOS STREET ADDRESS 11958 SW 72ND TERRACE CITY-ST-ZIP MIAMI FL 33183	<input checked="" type="checkbox"/> Delete <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RODRIGUEZ-BULES, ANDREA STREET ADDRESS 7841 SW 16TH STREET CITY-ST-ZIP MIAMI FL 33155	<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	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR BULNES Avelina STREET ADDRESS 7841 SW 16th Street CITY-ST-ZIP MIAMI FLA 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR RAJOY, Lillian STREET ADDRESS 300 ARAGON Ave # 305 CITY-ST-ZIP CORAL GABLES FLA 33134	<input type="checkbox"/> Change <input checked="" 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 *(X) Nora Bulnes* **Director** 1-27-04 446-3305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #