

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90023 034 ****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



01292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990943

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULNES, NORA
232 ANDALUSIA AVE
SUITE 200
CORAL GABLES, FL 33134

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BULNES, NORA
STREET ADDRESS 232 ANDALUSIA AVE STE 200
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME BULNES, MICHAEL
STREET ADDRESS 232 ANDALUSIA AVE STE 200
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME BULNES, AVELINA
STREET ADDRESS 7841 SW 16TH STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE D
NAME RODRIGUEZ-BULES, ANDREA
STREET ADDRESS 7841 SW 16TH STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE D
NAME RAJOY, LILLIAM
STREET ADDRESS 300 ARAGON AVE#305
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nora Bulnes 1-29-08

305-446-3305