

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001719

FILED
Jan 13, 2009
Secretary of State

Entity Name: HOPE AND DREAMS FOUNDATION, INC.

Current Principal Place of Business:

232 ANDALUSIA AVE
SUITE 200
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

232 ANDALUSIA AVE
SUITE 200
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0990943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULNES, NORA
232 ANDALUSIA AVE
SUITE 200
CORAL GABLES, FL 33134 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: D () Delete
Name: BULNES, NORA
Address: 232 ANDALUSIA AVE STE 200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BULNES, MICHAEL
Address: 232 ANDALUSIA AVE STE 200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BULNES, AVELINA
Address: 7841 SW 16TH STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: RODRIGUEZ-BULES, ANDREA
Address: 7841 SW 16TH STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: RAJOY, LILLIAM
Address: 300 ARAGON AVE#305
City-St-Zip: CORAL GABLES, FL 33134

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: D (X) Change () Addition
Name: RODRIGUEZ-BULNES, ANDREA
Address: 7841 SW 16TH STREET
City-St-Zip: MIAMI, FL 33155

Title: D (X) Change () Addition
Name: RAJOY, LILLIAM
Address: 2525 SW 4TH STREET
City-St-Zip: MIAMI, FL 33135

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: AVELINA BULNES

DIR

01/13/2009

Electronic Signature of Signing Officer or Director

Date