2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004942

Entity Name: H.O.P.E. HUMAN RESOURCE DEVELOPMENT, INC.

FILED May 01, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	RIDAN STREE DOD, FL 3302					
Current Mailing Address:			New Maili	New Mailing Address:		
	RIDAN STREE DOD, FL 3302					
FEI Number	: 65-1027577	FEI Number Applied For ()	FEI Number Not App	Dlicable () Certificate of Status Desired ()		
Name and	l Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:		
JOHNSON, PATRICIA 2240 NW 171ST TERRACE CAROL CITY, FL 33056 US			2301 SHE	CONEY, LATONYA 2301 SHERIDAN ST. HOLLYWOOD, FL 33020 US		
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,		
SIGNATURE: LATONYA CONEY				05/01/2003		
	Electror	ic Signature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () JOHNSON, CO 2240 NW 171S CAROL CITY, F	T TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () DAWSON, VIRO 3490 NW 6TH : FT LAUDERDA	STREET	Title: Name: Address: City-St-Zip:	P (X) Change () Addition JOHNSON, PATRICIA S 2301 SHERIDAN ST. HOLLYWOOD, FL 33020		
Title: Name: Address: City-St-Zip:	D () EVANS, CURTI 2301 SHELIDA HOLLYWOOD,	N ST.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KING, FAYE 2301 SHELIDAN ST. HOLLYWOOD, FL 33020		
Title: Name: Address: City-St-Zip:		Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition GRAHAM, TERESA 2301 SHERIDAN ST. HOLLYWOOD, FL 33020		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA S. JOHNSON P 05/01/2003