2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N01000001161

Entity Name: MELISSA'S HOPE FOUNDATION, INC.

Current Principal Place of Business:

8955 NW 112TH TERR.
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

8955 NW 112TH TERR.
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 65-1119817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, MARLENE
8955 NW 112TH TERR.
HIALEAH GARDENS, FL 33018 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:	S	( ) Delete
Name:	CLAVIJO, ODALYS	
Address:	8974 N.W. 167 STREET	
City-St-Zip:	MIAMI LAKES, FL 33018	
Title:	D	( ) Delete
Name:	LOPEZ, LAZARO	
Address:	8955 NW 112TH TERR.	
City-St-Zip:	HIALEAH GARDENS, FL 33018	
Title:	D	( ) Delete
Name:	RIOL, MARIA	
Address:	365 W. 50TH ST.	
City-St-Zip:	HIALEAH, FL 33012	
Title:	D	( ) Delete
Name:	LOPEZ, MARLENE	
Address:	8955 NW 112 TERRACE	
City-St-Zip:	HIALEAH GARDENS, FL 33018	
Title:	O	( ) Delete
Name:	GOMEZ, JESSICA	
Address:	13351 S.W. 2ND TERRACE	
City-St-Zip:	MIAMI, FL 33184	
Title:	O	( ) Delete
Name:	LOPEZ, BARBARA	
Address:	10045 S.W. 53 STREET	
City-St-Zip:	MIAMI, FL 33165	

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: MARLENE LOPEZ D 04/25/2007

Electronic Signature of Signing Officer or Director — Date