

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N01000004663

Entity Name: ROAD TO HOPE, INC.

Current Principal Place of Business:

11115 SW 134 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11115 SW 134 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-1127321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABIO, DEBRA
11115 SW 134 CT
MIAMI, FL 33186 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: PD () Delete
Name: FABIO, DEBRA
Address: 7231 S W 130TH AVENUE
City-St-Zip: MIAMI, FL 33183

Title: TD () Delete
Name: DE LANDRO, NEVILLE
Address: 709 E 96TH STREET
City-St-Zip: BROOKLYN, NY 11236

Title: SD () Delete
Name: SAMUEL, BRENDA
Address: 1140 E 86TH STREET
City-St-Zip: BROOKLYN, NY 11236

Title: D () Delete
Name: FABIO, HERBERT
Address: 11115 SW 134TH COURT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: PETERS, LUTHER
Address: 10487 SW 216TH STREET
City-St-Zip: MIAMI, FL 33157

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:

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: DEBRA FABIO

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date