

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2009
Secretary of State**

DOCUMENT# N01000004663

Entity Name: ROAD TO HOPE, INC.

Current Principal Place of Business:

6855 SW 81ST STREET
260
MIAMI, FL 33143

New Principal Place of Business:

18495 S. DIXIE HWY
373
MIAMI, FL 33157

Current Mailing Address:

P.O. BOX 570577
MIAMI, FL 33143

New Mailing Address:

18495 S. DIXIE HWY
373
MIAMI, FL 33157

FEI Number: 65-1127321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FABIO, DEBRA
8340 SW 166TH STREET
MIAMI, FL 33157 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FABIO, DEBRA
Address: 8340 SW 166TH STREET
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: FABIO, HERBERT
Address: 8340 SW 166TH STREET
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: DEBRA FABIO

PD

05/03/2009

Electronic Signature of Signing Officer or Director

_____ Date