


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90027 025 ****61.25

DOCUMENT # N02000002230

1. Entity Name
DIEU EST NOTRE ESPOIR, INC.



Principal Place of Business
**C/O THE BABCOCK COMPANY
 8350 NW 52 TERRACE #107
 MIAMI, FL 33166**

Mailing Address
**C/O THE BABCOCK COMPANY
 8350 NW 52 TERRACE #107
 MIAMI, FL 33166**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

02122004 Chg-NP CR2E037 (10/03)

4. FEI Number
30-0078509

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BABCOCK, CALVIN H 8350 NW 52 TERRACE SUITE 107 MIAMI, FL 33166	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD <input type="checkbox"/> Delete	NAME BABCOCK, CALVIN H STREET ADDRESS 8350 NW 52 TERRACE #107 CITY-ST-ZIP MIAMI, FL 33166	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME John Stone STREET ADDRESS 8350 NW 52nd Terr Suite 107 CITY-ST-ZIP Miami, Fl. 33166
TITLE PD <input type="checkbox"/> Delete	NAME DORCINVI, GUEILLANT STREET ADDRESS 8350 NW 52 TERRACE #107 CITY-ST-ZIP MIAMI, FL 33166	TITLE	NAME
TITLE VD <input type="checkbox"/> Delete	NAME BABCOCK, BECKY S STREET ADDRESS 8350 NW 52 TERRACE #107 CITY-ST-ZIP MIAMI, FL 33166	TITLE	NAME
TITLE D <input type="checkbox"/> Delete	NAME HOOD, CHARLES M III STREET ADDRESS 8350 NW 52 TERRACE #107 CITY-ST-ZIP MIAMI, FL 33166	TITLE	NAME
TITLE D <input type="checkbox"/> Delete	NAME HAMMAR, OLIVIA STREET ADDRESS 8350 NW 52 TERRACE #107 CITY-ST-ZIP MIAMI, FL 33166	TITLE	NAME
TITLE	NAME	TITLE	NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Calvin H. Babcock* **3-22-04** **305-599-2780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #