# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# N04000005680

**Entity Name:** HANDS OF HOPE CHARITIES, INC.

**Current Principal Place of Business:**

4927 OLD PLEASANT HILL RD.
KISSIMMEE, FL 34758 US

**New Principal Place of Business:**

**Current Mailing Address:**

4927 OLD PLEASANT HILL RD.
KISSIMMEE, FL 34758 US

**New Mailing Address:**

2458 RAVENDALE CT.
KISSIMMEE, FL 34758 US

**FEI Number: 20-1335086** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASTACIO, JUSTO
4927 OLD PLEASANT HILL RD.
KISSIMMEE, FL 34758 US

**Name and Address of New Registered Agent:**

ASTACIO, JUSTO
2458 RAVENDALE CT..
KISSIMMEE, FL 34758 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: _____ 04/27/2005
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ASTACIO, JUSTO SR.
Address: 2458 RAVENDALE CT.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VP ( ) Delete
Name: ASTACIO, MIRIAM
Address: 2458 RAVENDALE CT.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ASTACIO, JUSTO
Address: 2458 RAVENDALE CT.
City-St-Zip: KISSIMMEE, FL 34758 US

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

Title: S ( ) Change (X) Addition
Name: LOZADA, MARITZA
Address: 4927 PLEASANT HILL RD.
City-St-Zip: KISSIMMEE, FL 34758 US

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: JUSTO ASTACIO P 04/27/2005
Electronic Signature of Signing Officer or Director — Date