

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010209

FILED
Sep 07, 2005
Secretary of State

Entity Name: ONE HOPE FOUNDATION, INC.

Current Principal Place of Business:

15801 N.E. 2ND AVENUE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

15801 N.E. 2ND AVENUE
MIAMI, FL 33162

New Mailing Address:

FEI Number: 06-1736349 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:

ST. FLEUR, ELSIE
15801 N.E. 2ND AVENUE
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

MAGDA, PIQUION
15801 N.E. 2ND AVENUE
MIAMI, FL 33162 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: MAGDA PIQUION

09/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PIQUION, MADGA
Address: 15801 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

Title: VP () Delete
Name: ST. FLEUR, ELSIE
Address: 15801 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

Title: VP (X) Delete
Name: SANDAIRE, ANTONINE
Address: 15801 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

Title: BD (X) Delete
Name: BERROUET, DANNY
Address: 15801 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

Title: BD (X) Delete
Name: PIQUION, CRISTINA
Address: 15801 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

Title: BD () Delete
Name: PIQUION, MADGA
Address: 15801 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PIQUION, CRISTINA A
Address: 15801 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

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: PIQUION MAGDA

VP

09/07/2005

Electronic Signature of Signing Officer or Director

Date