2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# N04000011038

Entity Name: A PLACE OF HOPE - MIAMI, INC.

Current Principal Place of Business:

1990 ALI BABA AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

1990 ALI BABA AVENUE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 56-2475518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATTERSON, FRANK
2972 NW 56TH STREET
MIAMI, FL 33142 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: PATTERSON, FRANK
Address: 1990 ALI BABA AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: TD ( ) Delete
Name: BROWN, REGINALD
Address: 15770 NW 18TH PLACE
City-St-Zip: OPA LOCKA, FL 33054

Title: SD ( ) Delete
Name: RIVERS, ORA
Address: 17331 NW 9TH PLACE
City-St-Zip: MIAMI, FL 33169

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

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

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

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: D ( ) Change (X) Addition
Name: MCCOY, ANN
Address: 13140 NW 18TH AVENUE
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Change (X) Addition
Name: PRATT, ELOIS
Address: 332 NW 187TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Change (X) Addition
Name: WILCOX, BARBARA
Address: 750 NW 101ST STREET
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK PATTERSON PD 01/22/2007

Electronic Signature of Signing Officer or Director — Date