

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001752

FILED
Mar 18, 2009
Secretary of State

Entity Name: AHOP, INC.

Current Principal Place of Business:

4700 NORTH STATE ROAD 7
SUITE 119
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

PO BOX 190643
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, TAMECKA
1720 NW 52ND AVE
LAUDERHILL, FL 33313 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: DT () Delete
Name: PIERRE, LINDA
Address: 4700 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: V () Delete
Name: JEAN-BAPTISTE, MARITRZA
Address: 4700 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S () Delete
Name: HOWELL, ANGELA
Address: 4700 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: P () Delete
Name: HODGE, ROSE L
Address: 4700 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: () 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: ROSE L HODGE

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date