

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010853

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: HOPE ACADEMY 2, INC.

## Current Principal Place of Business:

1100 OLD DIXIE HWY  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

21445 SW 89 PATH  
MIAMI, FL 33189

## New Mailing Address:

FEI Number: 26-1393612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUTAR, NIRVALA  
21445 SW 89TH PATH  
MIAMI, FL 33189 US

## Name and Address of New Registered Agent:

MARGOLIS, JENNIFER A ESQ.  
1533 SUNSET DRIVE  
SUITE 225  
CORAL GABLES, FL 33143 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: JENNIFER A. MARGOLIS, ESQ.

03/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: AUTAR, NIRVALA  
Address: 21445 SW 89 PATH  
City-St-Zip: MIAMI, FL 33189

Title: P ( ) Delete  
Name: PERSAUD, CECIL  
Address: 20610 SW 125 COURT  
City-St-Zip: MIAMI, FL 33177

Title: AT ( ) Delete  
Name: RAMNAUTH, VEVICANAND  
Address: 8545 SW 211 TERR.  
City-St-Zip: MIAMI, FL 33189

Title: S ( ) Delete  
Name: SAWH, LIZA  
Address: 19665 SW 129TH AVE.  
City-St-Zip: MIAMI, FL 33177

Title: V ( ) Delete  
Name: PERSAUD, INDRANIE  
Address: 20610 SW 125 COURT  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: RAMNAUTH, BAUL  
Address: 19504 SW 118 COURT  
City-St-Zip: MIAMI, FL 33177

## 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:

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: NIRVALA AUTAR

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date