2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011804

FILED Jun 16, 2009 Secretary of State

Entity Name: RIVER OF HOPE FOUNDATION, INC. Current Principal Place of Business: 309 E D I LIDO DRIVE MIAMI BEACH, FL 33139 Current Mailing Address: 309 E D I LIDO DRIVE MIAMI BEACH, FL 33139 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: CHEE-AWAI, CAMILLE 309 E D I LIDO DRIVE MIAMI 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: CHEE-AWAI, CAMILLE 309 E D I LIDO DRIVE MIAMI 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 New Registered Agent: CHEE-AWAI, CAMILLE 310 LIDO DRIVE Date Filectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Title: () Change () Addition Name: Address: 507 BISCAYNE BLVD STE 502 City-St-Zip: Title: () Change () Addition Name: OHEE-AWAI CAMILLE Address: City-St-Zip: MIAMI BEACH, FL 33139	DOCON	VIEN 1# NO/000011004		Secretary of State
Current Mailing Address: Ourrent Mailing Address: New Mailing Address: New Mailing Address: Ourrent Mailing Address: New Mailing Address: Ourrent Mailing Address: 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: Name and Address of New Registered Agent: CHEE-AWAI, CAMILLE 309 E D I LIDO DRIVE MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: D () Delete Name: POPPER, NADINA Name: POPPER, NADINA Address: 507 BISCAYNE BLVD STE 502 Address: 507 BISCAYNE BLVD STE 502 Address: Our BISCAYNE BLVD STE 502 Address: Our BISCAYNE BLVD STE 502 City-St-Zip: MIAMI, FL 33139 Title: D () Delete Name: CHEE-AWAI, CAMILLE Name: OHEE-AWAI, CAMILLE Name: Name: OHEE-AWAI, CAMILLE Name: Name	Entity Na	me: RIVER OF HOPE FOUNDATION, INC.		
Current Mailing Address: New Mailing Address: New Mailing Address: Signature of Registered Agent: Name and Address of New Registered Agent: Name and Address of Florida. CHEE-AWAI, CAMILLE 309 E DI LIDO DRIVE MIAMI BEACH, FL 33139 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 OFFICERS AND DIRECTORS: Title: D () Delete Name: POPPER, NADINA Address: 507 BISCAYNE BLVD STE 502 Address: OF () Delete Name: Address: CHEE-AWAI, CAMILLE Name: Address: OF () Delete Name: Address: OF () Delete Name: Address: CHEE-AWAI, CAMILLE Name: Address: OF () Delete Name: Address: CIty-St-Zip: MIAMI FL 33139 Title: D () Change () Addition Name: Address: CIty-St-Zip: MIAMI BEACH, FL 33139 Title: D () Change () Addition Name: Address: Address: CIty-St-Zip: MIAMI BEACH, FL 33139 Title: D () Change () Addition Name: Address: Address: CIty-St-Zip: MIAMI BEACH, FL 33139 Title: D () Change () Addition Name: Address: Address: Address: CIty-St-Zip: MIAMI BEACH, FL 33139 Title: D () Change () Addition Name: Address: Ad	Current Principal Place of Business:		New Principal Place	of Business:
309 E DI LIDO DRIVE MIAMI BEACH, FL 33139 FEI Number: 26-1544918 FEI Number Applied For () 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: CHEE-AWAI, CAMILLE 309 E DI LIDO DRIVE MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Name: POPPER, NADINA Name: Name: Address: O77 BISCAYNE BLVD STE 502 City-St-Zip: MIAMI, FL 33137 Title: D () Delete Name: CHEE-AWAI, CAMILLE Name: CHEE-AWAI, CAMILLE Name: CHEE-AWAI, CAMILLE Name: CHEE-AWAI, CAMILLE Name: Address: O39 E DI LIDO DRIVE Address: O39 E DI LIDO DRIVE Address: O19 Delete Name:				
MIAMI BEACH, FL 33139 FEI Number: 26-1544918	Current Mailing Address:		New Mailing Addres	ss:
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: CHEE-AWAI, CAMILLE 309 E DI LIDO DRIVE MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent				
CHEE-AWAI, CAMILLE 309 E DI LIDO DRIVE MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Title: () Change () Addition Name: POPPER, NADINA Name: Address: 507 BISCAYNE BLVD STE 502 Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: CHEE-AWAI, CAMILLE Name: Address: Other-AWAI, CAMILLE Name: Address: 309 E DI LIDO DRIVE Address: Otty-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 3313		11 1,		Certificate of Status Desired ()
309 E DI LIDÓ DRIVE MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Title: () Change () Addition Name: POPPER, NADINA Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: CHEE-AWAI, CAMILLE Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: CHEE-AWAI, CAMILLE Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: CHEE-AWAI, CAMILLE Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: NAMI BEACH, FL 33139 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: NAMI BEACH, FL 33139 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: NAMI BEACH, FL 33139 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 747 MICHIGAN AVENUE APT 201 Address:	Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Name: POPPER, NADINA Address: 507 BISCAYNE BLVD STE 502 City-St-Zip: MIAMI, FL 33137 Title: D () Delete Title: Name: CHEE-AWAI, CAMILLE Address: 309 E DI LIDO DRIVE City-St-Zip: MIAMI BEACH, FL 33139 Title: D () Delete Title: Name: Address: City-St-Zip: MIAMI BEACH, FL 33139 Title: Name: VERSEN, PAULA Address: 747 MICHIGAN AVENUE APT 201 Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: () Change () Addition Name: () Change () Addition Name: Address:	309 E DI L MIAMI BE. The above	LIDO DRIVE ACH, FL 33139 US e named entity submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Name: POPPER, NADINA Address: 507 BISCAYNE BLVD STE 502 City-St-Zip: MIAMI, FL 33137 Title: D () Delete Title: Name: CHEE-AWAI, CAMILLE Address: 309 E DI LIDO DRIVE Address: City-St-Zip: MIAMI BEACH, FL 33139 Title: D () Delete Title: Name: Address: City-St-Zip: MIAMI BEACH, FL 33139 Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address:				3 , , , ,
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Title: D () Delete Name: POPPER, NADINA Name: Address: 507 BISCAYNE BLVD STE 502 Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Name: Address: City-St-Zip: () Change () Addition Name: Address: 309 E DI LIDO DRIVE Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Name: Address: Add		Electronic Signature of Registered Ag	ent	Date
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Name: CHEE-AWAI, CAMILLE Name: Address: 309 E DI LIDO DRIVE Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: IVERSEN, PAULA Name: Address: 747 MICHIGAN AVENUE APT 201 Address:	Name: Address:	POPPER, NADÍNA 507 BISCAYNE BLVD STE 502	Name: Address:	() Change () Addition
Name: IVERSEN, PAULA Name: Address: 747 MICHIGAN AVENUE APT 201 Address:	Name: Address:	CHEE-AWAI, CAMILLE 309 E DI LIDO DRIVE	Name: Address:	() Change () Addition
	Name: Address:	IVERSEN, PAÙLA 747 MICHIGAN AVENUE APT 201	Name: Address:	() Change () Addition

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: CAMILLE CHEE-AWAI D 06/16/2009