2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N09000011331

Entity Name: HOPE REHABILITATION & TECHNOLOGY LEARNING CENTER, INC.

Current Principal Place of Business:

161 N.W. 188TH STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

161 N.W. 188TH STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 27-1473126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOEL, BENJAMIN
161 N.W. 188TH STREET
MIAMI, FL 33169 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: CPD
Name: NOEL, BENJAMIN
Address: 161 N.W. 188TH STREET
City-St-Zip: MIAMI, FL 33169

Title: D
Name: LESCAILLE, MIKELANGE
Address: 14801 GARDENS DR
City-St-Zip: MIAMI, FL 33168

Title: D
Name: SIMON, MARIELLE
Address: 9710 ATLANTIC DR
City-St-Zip: MIRAMAR, FL 33025

Title: D
Name: NOEL, FRITO
Address: 16740 N.E. 9TH AVE, APT 703
City-St-Zip: N MIAMI, FL 33162

Title: D
Name: BLANCHARD, FRANCOISE
Address: 1733 N.W. 7TH AVE, APT 110
City-St-Zip: MIAMI, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN NOEL CPD 04/29/2011

Electronic Signature of Signing Officer or Director Date