

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29076

FILED
Apr 30, 2008
Secretary of State

Entity Name: HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC. (HOPE, INC.)

Current Principal Place of Business:

18441 N.W. 2ND AVENUE
SUITE 218
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18441 N.W. 2ND AVENUE
SUITE 218
MIAMI GARDENS, FL 33169 US

New Mailing Address:

FEI Number: 65-0108794 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERTSON, KEENYA P/CEO
18441 N.W. 2ND AVENUE
SUITE 218
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: CD () Delete
Name: GARMAN, MELANIE H
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: VC () Delete
Name: CRUMP-BUTLER, DONNA
Address: 7815 N.W. 148TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD () Delete
Name: KENNEDYS, KARL D
Address: 945 PENNSYLVANIA AVENUE, 2ND FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: SALICHS, SUZANNE
Address: 2340 N.W. 27TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: PCEO () Delete
Name: ROBERTSON, KEENYA
Address: 18441 N.W. 2ND AVENUE, SUITE 218
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: GARMAN, MELANIE H
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SALICHS, SUZANNE
Address: 111 NW 1 STREET, SUITE 2910
City-St-Zip: MIAMI, FL 33128

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: KEENYA ROBERTSON

P/CE

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date