

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48649

FILED  
Mar 15, 2006  
Secretary of State

**Entity Name:** THE HOPE CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

666 SW 4TH STREET  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

666 SW 4TH STREET  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 65-0331601      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PEREZ, MARIA C  
666 SW 4TH STREET  
MIAMI, FL 33130 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: VP ( ) Delete  
Name: ADER, MARSHALL  
Address: 1717 N BAYSHORE DR 2656  
City-St-Zip: MIAMI, FL 33129

Title: P ( ) Delete  
Name: BLANK, TONY  
Address: 9350 S DIXIE HIGHWAY 900  
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete  
Name: GOTTLIEB, KAREN  
Address: PO BOX 1388  
City-St-Zip: COCONUT GROVE, FL 33233

Title: T ( ) Delete  
Name: CAMPBELL, CLAY  
Address: 9400 S DADELAND BLVD # 111  
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete  
Name: ORCINOLO, SHAUN  
Address: 150 PINE ISLAND RD # 210  
City-St-Zip: PLANTATION, FL 333242667

Title: D ( ) Delete  
Name: SAMPERA, ARGELIA  
Address: 1408 BRICKELL BAY DRIVE # 608  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SMITH, DAVID  
Address: 5900 SW 73RD STREET # 300  
City-St-Zip: MIAMI, FL 33143

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 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: TONY BLANK

P

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date