2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-13-2005 90032 042 ****70.00

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1. Entity Name
NEW HOPE C.O.R.P.S., INC.

66022398

Principal Place of Business	Mailing Address
1020 N KROME AVE HOMESTEAD, FL 33030 US	P.O. BOX 570431 MIAMI, FL 33157 US

04062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0440678
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANUEL, ALVAREZ A
9552 SW 165 ST
MIAMI, FL 33157

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	BDM
NAME	HILL, JIM
STREET ADDRESS	12460 S.W. 186 STREET
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	P
NAME	CARBO, JOSE
STREET ADDRESS	8855 S.W. 54 STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	BDM
NAME	SCZECHOWICZ, EDWARD DR>
STREET ADDRESS	1570 MADRUGE AVE SUITE 309
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	BDM
NAME	WILLIAMS, RICHARD A
STREET ADDRESS	9221 RIDGELAND DRIVE
CITY-ST-ZIP	MIAMI, FL 331578830
TITLE	BDM
NAME	BISMARK, A. PAUL
STREET ADDRESS	14951 S.W. 212 STREET
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	STR
NAME	CODALLO, JEFF
STREET ADDRESS	8821 SW 176 TTERR
CITY-ST-ZIP	MIAMI, FL 33157

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Alvarez Executive Director 05-03-05 7862431003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #