2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N93000003585

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

Current Principal Place of Business:

1020 N KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 570431
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 65-0440678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANUEL, ALVAREZ A
9552 SW 165 ST
MIAMI, FL 33157 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:	BDM	( ) Delete
Name:	HILL, JIM	
Address:	12460 S.W. 186 STREET	
City-St-Zip:	MIAMI, FL 33177	
Title:	P	( ) Delete
Name:	CARBO, JOSE	
Address:	8855 S.W. 54 STREET	
City-St-Zip:	MIAMI, FL 33165	
Title:	BDM	( ) Delete
Name:	SCZECHOWICZ, EDWARD DR>	
Address:	1570 MADRUGE AVE SUITE 309	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	BDM	( ) Delete
Name:	MARTIN, GABRIEL	
Address:	501 N.E. 1ST AVE	
City-St-Zip:	MIAMI, FL 33132	
Title:	BDM	( ) Delete
Name:	BISMARK, A. PAUL	
Address:	14951 S.W. 212 STREET	
City-St-Zip:	MIAMI, FL 33187	
Title:	STR	( ) Delete
Name:	CODALLO, JEFF	
Address:	8821 SW 176 TTERR	
City-St-Zip:	MIAMI, FL 33157	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:		
Title:	ED	(X) Change ( ) Addition
Name:	ALVAREZ, MANUEL A	
Address:	9552 SW 165 STREET	
City-St-Zip:	MIAMI, FL 33157	

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: JOSE CARBO P 01/16/2007

Electronic Signature of Signing Officer or Director — Date