2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003585

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

FILED Feb 08, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	ROME AVE EAD, FL 33030	US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX MIAMI, FL					
FEI Number:	: 65-0440678	FEI Number Applied For () FEI N	Number Not App	licable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
MANUEL, 9552 SW 1 MIAMI, FL					
	named entity s e of Florida	submits this statement for the purpose	e of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BDM () HILL, JIM 12460 S.W. 186 MIAMI, FL 331		Title: Name: Address: City-St-Zip:	P (X) Change () Addition CARBO, JOSE MR. 10420 SW 62 STREET MIAMI, FL 33165 US	
Title: Name: Address: City-St-Zip:	P () CARBO, JOSE 8855 S.W. 54 S MIAMI, FL 3310		Title: Name: Address: City-St-Zip:	T (X) Change () Addition WEAVER, JERE PASTOR 239 W MOWRY HOMESTEAD, FL 33030 US	
Title: Name: Address: City-St-Zip:	SCZECHOWICZ	Delete Z, EDWARD DR> E AVE SUITE 309 S, FL 33146	Title: Name: Address: City-St-Zip:	BDM (X) Change () Addition SCZECHOWICZ, EDWARD DR. 1570 MADRUGE AVE SUITE 309 CORAL GABLES, FL 33146	
Title: Name: Address: City-St-Zip:	BDM () MARTIN, GABR 501 N.E. 1ST A' MIAMI, FL 331	/E	Title: Name: Address: City-St-Zip:	BDM (X) Change () Addition MARTIN ESQ., GABRIEL MR. 501 N.E. 1ST AVE MIAMI, FL 33132	
Title: Name: Address: City-St-Zip:	BDM () BISMARK, A. P. 14951 S.W. 212 MIAMI, FL 3318	2 STREET	Title: Name: Address: City-St-Zip:	BDM (X) Change () Addition BISMARK, A. PAUL MR. 14951 S.W. 212 STREET MIAMI, FL 33187	
Title: Name:	ED () ALVAREZ. MAN	Delete UFI A	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MANUEL ALVAREZ ED 02/08/2008

Address:

City-St-Zip:

9552 SW 165 STREET

MIAMI, FL 33157