

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003585

FILED
Feb 16, 2010
Secretary of State

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:

ALVAREZ, STEPHEN
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: P
Name: WEAVER, JERRY PASTOR
Address: 239 W MOWRY
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VP/S
Name: BYNG, TANYA MS.
Address: 2240 SW 24 AVENUE
City-St-Zip: MIAMI, FL 33145 US

Title: BDM
Name: SCZECHOWICZ, EDWARD DR.
Address: 1570 MADRUGE AVE SUITE 309
City-St-Zip: CORAL GABLES, FL 33146

Title: BDM
Name: CONKLIN, ROGER MR.
Address: 7820 SW 180 STREET
City-St-Zip: MIAMI, FL 33157 US

Title: T
Name: BISMARCK, A. PAUL MR.
Address: 14951 S.W. 212 STREET
City-St-Zip: MIAMI, FL 33187

Title: BDM
Name: LEE, CYNTHIA R MRS
Address: 13 SUNRISE CAY DRIVE
City-St-Zip: KEY LARGO, FL 33037 US

I hereby 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 all other like empowered.

SIGNATURE: JERE WEAVER

P

02/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date