

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000049

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: CHILDREN WITH HOPE, INC.

**Current Principal Place of Business:**

470 SW 133RD AVE.  
MIAMI, FL 331841120

**New Principal Place of Business:**

**Current Mailing Address:**

470 SW 133RD AVE.  
MIAMI, FL 331841120

**New Mailing Address:**

FEI Number: 65-0894123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ALFONSO, CLARA P  
470 S.W. 133 AVE  
MIAMI, FL 331841120 US

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: PD ( ) Delete  
Name: PRADO ALFONSO, CLARA  
Address: 470 SW 133RD AVE.  
City-St-Zip: MIAMI, FL 33184

Title: VD ( ) Delete  
Name: PRADO, LOURDES G  
Address: 12259 S.W. 18 TERR  
City-St-Zip: MIAMI, FL 331757365

Title: TD ( ) Delete  
Name: ALFONSO, CLARI  
Address: 470 SW 133RD AVE.  
City-St-Zip: MIAMI, FL 33184

Title: SD ( ) Delete  
Name: ALFONSO, FELIX J  
Address: 4322 SW 98 AVE  
City-St-Zip: MIAMI, FL 33165

**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:

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.

SIGNATURE: CLARA PRADO ALFONSO

PD

06/15/2009

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

\_\_\_\_\_  
Date