

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000049

**FILED**  
**May 21, 2011**  
**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:** 20-2080012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALFONSO, CLARA P  
470 S.W. 133 AVE  
MIAMI, FL 331841120 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:** PD  
**Name:** PRADO ALFONSO, CLARA  
**Address:** 470 SW 133RD AVE.  
**City-St-Zip:** MIAMI, FL 33184

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

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

**Title:** SD  
**Name:** ALFONSO, FELIX J  
**Address:** 455 SW 133AVE  
**City-St-Zip:** MIAMI, FL 33184

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:** CLARA PRADO ALFONSO

PD

05/21/2011

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

\_\_\_\_\_  
Date