

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100136

1. Entity Name
HOPE ENTERPRISES, INC.



FILED
Jul 14, 2005 08:00 AM
Secretary of State

Principal Place of Business
**2305 SHERIDAN ST.
HOLLYWOOD, FL 33020**

Mailing Address
**2305 SHERIDAN ST.
HOLLYWOOD, FL 33020**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071748

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, BIRTHA
2305 SHERIDAN ST
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOHNSON, CONNAIL
2240 NW 171ST TERRACE
CAROL CITY, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAMILTON, KIMBERLY
2305 SHERIDAN ST
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPRINGSTEIN, MICHAEL
2305 SHERIDAN ST
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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07/14/05-80001-013 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Hamilton
Kimberly Hamilton

7/6/05 (954) 920 6368
Date Daytime Phone #