


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90323 018 \*\*\*150.00

DOCUMENT # P00000111295					
1. Entity Name HOPE CAREER INSTITUTE, INC.					
Principal Place of Business 3714 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311			Mailing Address 3714 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1060351	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  ROSSER, SHERMAN A JR 3714 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311			7. Name and Address of New Registered Agent Name <u>Charles Wolfe</u> Street Address (P.O. Box Number is Not Acceptable) <u>3714 W Oakland Park Blvd</u> City <u>Lauderdale Lakes</u> <u>FL</u> Zip Code <u>33311</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/15/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFE, CHARLES G 3714 W. OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <u>Pres. Charles G. Wolfe</u> <u>4/15/05</u> <u>954-741-0088</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #					



1st MOORE CR2E034 (10/04)