

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90783 042 ***150.00

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1. Entity Name
ANJL HOPE CORPORATION



Principal Place of Business
**17101 NW 29TH PLACE
MIAMI, FL 33056**

Mailing Address
**17101 NW 29TH PLACE
MIAMI, FL 33056**

14018869



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1147316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOPE, DANIEL N
17101 NW 29TH PLACE
MIAMI, FL 33056**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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
HOPE, AUDREY
17101 NW 29TH PLACE
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HOPE, NICOLE
17101 NW 29TH PLACE
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOPE, JESSICA
17101 NW 29TH PLACE
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOPE, LUCRETIA
17101 NW 29TH PLACE
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Audrey Hope*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 **954-920-2016**
Date Daytime Phone #