

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000094115

1. Entity Name
GREAT HOPE CORP.



Principal Place of Business
5900 COLLINS AV
#1408
MIAMI BEACH FL 33140
US

Mailing Address
1150 NORTHWEST 72ND AVENUE
SUITE 555
MIAMI FL 33126
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-1143310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAPENA, RUBEN DARIO
5900 COLLINS AVE., #1408
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DAPENA, RUBEN DARIO ☐ Delete
STREET ADDRESS 5900 COLLINS AVE.
CITY- ST- ZIP MIAMI BEACH FL 33140

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS U00000741058
CITY- ST- ZIP 05/15/07-80014-013 150.00

TITLE
NAME ZURAKOWSKY, GABRIEL ☐ Delete
STREET ADDRESS 5900 COLLINS AVE. #1408
CITY- ST- ZIP MIAMI BEACH FL 33140

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
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NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-2620-07