

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90244 025 ***150.00

DOCUMENT # P01000108015 1. Entity Name SOUTH FLORIDA CENTER FOR H.O.P.E., INC.	
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Principal Place of Business 1898H W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442	Mailing Address 1898H W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1151693	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAUFMAN, GARY 1898H WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442
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**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.

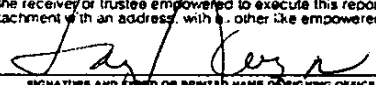
SIGNATURE _____
Signature of the person who is the registered agent and the filer and the Registered Agent Signature and the filer's name DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PO FINE, HOPE 1898H WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD KAUFMAN, GARY 1898H WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 a, other like empowered.

SIGNATURE: 
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____