

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095532

FILED  
Apr 02, 2005  
Secretary of State

Entity Name: NEW HOPE CARE CENTER INC.

**Current Principal Place of Business:**

3590 SOUTH STATE RD, STE. 33-34  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

3590 SOUTH STATE RD, STE. 33-34  
MIRAMAR, FL 33023

**New Mailing Address:**

FEI Number: 20-0312601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOMPREMIER, MARGUERITE E  
3590 STATE RD. 7, STE. 38  
MIRAMAR, FL 33023 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MOMPREMIER, MARGUERITE E  
Address: 9730 SW 14TH ST  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DV ( ) Delete  
Name: CASSEUS, GENEVIEVE  
Address: 5050 NW 56 ST  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGUERITE E MOMPREMIER

DP

04/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date