

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

06-05-2006 90150 019 ***150.00

DOCUMENT # P03000017075 1. Entity Name HOPE INTERNATIONAL PRODUCTIONS CORP.			
Principal Place of Business 1001 IVES DAIRY ROAD SUITE 206 MIAMI, FL 33179		Mailing Address 1001 IVES DAIRY ROAD SUITE 206 MIAMI, FL 33179	
2. Principal Place of Business 1747 Van Buren St.		3. Mailing Address 1747 Van Buren St.	
Suite, Apt. #, etc. #800		Suite, Apt. #, etc. #800	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020		Zip 33020	
Country 		Country 	
4. FEI Number 25-1902072		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE LAW OFFICES OF CRAIG M. DORNE, PA 407 LINCOLN ROAD PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 STREET ADDRESS CITY-ST-ZIP	D SWILLEY, WALLACE D 1001 IVES DAIRY RD SUITE 206 MIAMI, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWILLEY, DEBORAH 1001 IVES DAIRY RD SUITE 206 MIAMI, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWILLEY, JOSHUA 1001 IVES DAIRY RD SUITE 206 MIAMI, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 all other like empowered.			
SIGNATURE:		Wallace D. Swilley OFFICER 6/29/06 954-923-6435 Date Daytime Phone #	

66021401



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Division of Corporations

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