


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90247 042 ***150.00

DOCUMENT # P03000065278

1. Entity Name
LENDINGHOPE, INC.



Principal Place of Business Mailing Address
1489 W PALMETTO PARK RD STE 448 **1489 W PALMETTO PARK RD STE 448**
BOCA RATON, FL 33486 **BOCA RATON, FL 33486**

94075309



2. Principal Place of Business 3. Mailing Address
110 E. ATLANTIC AVE Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
200

04282004 Chg-P CR2E034 (10/03)

City & State City & State
DELRAY BEACH, FL

4. FEI Number Applied For
11-3693027 Not Applicable

Zip Country Zip Country
33444 **USA**

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	OSKI, EDWARD P JR	
STREET ADDRESS	1489 W PALMETTO PARK RD STE 448	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FALCONE, JOSEPH	
STREET ADDRESS	1489 W PALMETTO PARK RD STE 448	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOLCHAN, MICHAEL	
STREET ADDRESS	1489 W PALMETTO PARK RD STE 448	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALIENDO, PHILLIP A	
STREET ADDRESS	1489 W PALMETTO PARK RD STE 448	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARVEY, CRYSTAL	
STREET ADDRESS	1489 W PALMETTO PARK RD STE 448	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	CIO	<input checked="" type="checkbox"/> Delete
NAME	VINAZZA, JON	
STREET ADDRESS	1489 W PALMETTO PARK RD STE 448	
CITY-ST-ZIP	BOCA RATON, FL 33486	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	110 E. ATLANTIC AVE, SUITE 200
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	110 E. ATLANTIC AVE, SUITE 200
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	110 E. ATLANTIC AVE, SUITE 200
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Ell P K* **PRESIDENT** 4/28/04 561-208-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #