

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
**1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486**

Mailing Address
**1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486**

94075309



2. Principal Place of Business
110 E. ATLANTIC AVE

3. Mailing Address

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State
DELRAY BEACH, FL

City & State

4. FEI Number
11-3693027

Applied For
Not Applicable

Zip
33444

Country
USA

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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 reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OSKI, EDWARD P JR
1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FALCONE, JOSEPH
1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MOLCHAN, MICHAEL
1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CALIENDO, PHILLIP A
1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HARVEY, CRYSTAL
1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CIO
VINAZZA, JON
1489 W PALMETTO PARK RD STE 448
BOCA RATON, FL 33486** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**110 E. ATLANTIC AVE, SUITE 200
DELRAY BEACH, FL 33444**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**110 E. ATLANTIC AVE, SUITE 200
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**110 E. ATLANTIC AVE, SUITE 200
DELRAY BEACH, FL 33444**

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 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:

Ed P. Oski

PRESIDENT 4/28/04

Date

561-208-2044

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR