


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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
110 E. ATLANTIC AVE, SUITE 200 DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
110 E. ATLANTIC AVE, SUITE 200 DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
110 E. ATLANTIC AVE, SUITE 200 DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ell P K PRESIDENT 4/28/04 561-208-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #