

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076762

Entity Name: HOPE HOME CARE INC.

FILED  
Aug 09, 2004  
Secretary of State

## Current Principal Place of Business:

11330 NW 61ST STREET  
MIAMI, FL 33176

## Current Mailing Address:

11330 NW 61ST STREET  
MIAMI, FL 33176

## New Principal Place of Business:

2040 NE 163RD STREET  
SUITE # 308  
NORTH MIAMI BEACH, FL 33162 US

## New Mailing Address:

3251 NE 183 STREET  
APT # 1107  
AVENTURA, FL 33160 US

FEI Number: 20-0105682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AYALA, MARTHA H ARIAS  
11330 NW 61ST STREET  
MIAMI, FL 33176

## Name and Address of New Registered Agent:

ARIAS AYALA, MARTHA H  
6841 PEMBROKE ROAD  
APT 3  
PEMBROKE PINES, FL 33023

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: MARTHA H. ARIAS AYALA

08/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: ARISTIZABAL, FRANCISCO  
Address: 11330 NW 61ST STREET  
City-St-Zip: MIAMI, FL 33176

Title: VSD ( ) Delete  
Name: CASTELLANOS, MONICA  
Address: 11330 NW 61ST STREET  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: ARISTIZABAL, FRANCISCO  
Address: 3251 NE 183RD STREET, APT #1107  
City-St-Zip: AVENTURA, FL 33160 US

Title: VSD (X) Change ( ) Addition  
Name: CASTELLANOS, MONICA  
Address: 3251 NE 183RD STREET, APT #1107  
City-St-Zip: AVENTURA, FL 33160 US

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: FRANCISCO ARISTIZABAL

PTD

08/09/2004

Electronic Signature of Signing Officer or Director

Date