

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076762

Entity Name: HOPE HOME CARE INC.

FILED
Mar 18, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

New Mailing Address:

6841 PEMBROKE ROAD
APT # 3
PEMBROKE PINES, FL 33023 US

Current 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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AYALA, ALBA T
6841 PEMBROKE ROAD
APT #3
PEMBROKE PINES, FL 33023 US

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: ALBA TERESA AYALA

03/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ARIAS AYALA, MARTHA H
Address: 6841 PEMBROKE ROAD, APT #3
City-St-Zip: PEMBROKE PINES, FL 33023 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTHA H. ARIAS AYALA

PTD

03/18/2005

Electronic Signature of Signing Officer or Director

Date