

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90019 013 ***150.00

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07112005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000077915 1. Entity Name GOLDEN HOPE INTERNATIONAL, INC.			
Principal Place of Business 2716 EVELIN DR APOPKA, FL 32703		Mailing Address 2716 EVELIN DR APOPKA, FL 32703	
2. Principal Place of Business ARBOR CIR Suite, Apt. #, etc. 219		3. Mailing Address ARBOR CIR Suite, Apt. #, etc. 219	
City & State SANFORD, FLORIDA Zip 32773		City & State SANFORD, FLORIDA Zip 32773	
Country 		Country 	
4. FEI Number 76-0736517		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, LUIS 13172 HEATHER MOSS DR APT #117 ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name RAMIREZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 219 ARBOR CIR City SANFORD FL Zip Code 32773	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, LUIS 13172 HEATHER MOSS DR. # 117 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:		PRESIDENT	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 07-11-05	