

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/6/04


**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90119 001 \*\*\*158.75

66430479



06302004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000123027</b>			
1. Entity Name <b>HOPE REAL ESTATE INVESTMENT, INC</b>			
Principal Place of Business <b>2231 NW 47 AVE. LAUDERHILL, FL 33313</b>		Mailing Address <b>2231 NW 47 AVE. LAUDERHILL, FL 33313</b>	
2. Principal Place of Business <b>2231 NW 47 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>2231 NW 47 Ave</b> Suite, Apt. #, etc.	
City & State <b>Lauderhill, FL 33313</b>		City & State <b>Lauderhill</b>	
Zip <b>33313</b>		Zip <b>33313</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FFL Number <b>65-0851150</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>ALEXIS, FENOLD 2231 NW 47 AVE. LAUDERHILL, FL 33313</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Terold Alexis</i></u> DATE: <u>7/20/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.183(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 <b>Owner Fenold Alexis 2231 NW 47 Ave Lauderhill 33313</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <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: <u><i>Terold Alexis</i></u>		Date: <u>7/1/04</u> Daytime Phone #: <u>954-672-8404</u>	