
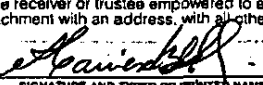


FILED
Feb 09, 2005 8:00 am
Secretary of State

01-18-2005 90105 017 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|---|--|---|
| DOCUMENT # P04000011097 | |  | |
| 1. Entity Name NEW HOPE HEALTH CENTER, INC. | | | |
| Principal Place of Business 601 SW 57 AVENUE MIAMI, FL 33144 | | Mailing Address 601 SW 57 AVENUE MIAMI, FL 33144 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 56-2428895 | | 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 BRICENO, MARIEVA 601 SW 57 AVENUE MIAMI, FL 33144 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRICENO, MARIEVA 11624 NW 43 TERRACE MIAMI, FL 33178 <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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| 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:  | | Date 305 2614170 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |