2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90221 013 ***150.00

DOCUMENT # P04000106080

1. Entity Name
HOPE ONE IMPORT EXPORT, INC.

Principal Place of Business	Mailing Address
9430 NW 13TH PLACE BAY # 54 DORAL, FL 33172 US	2422 SW 20TH CT OCALA, FL 34474 US

03182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4698 NW 74 Ave.	4698 NW 74 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. FEI Number: 20-1396291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANELON, EDUARDO
2422 SW 20TH CT
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name: Cabanas & Associates, P.A
Street Address (P.O. Box Number is Not Acceptable): 10520 NW 26 ST. - STe. C 201
City: Doral FL Zip Code: 33172

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: [signature] Joseph F. Cabanas 04/07/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANDRON, MARIA ISABEL 7390 SW 107 AVENUE, APT. 2107 MIAMI, FL 33173	☐ Delete	P Landron, Maria Isabel 9870 Hammocks Blvd. - Unit 103 Miami Fl. 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIPLEY, ALDO 7390 SW 107 AVENUE, APT. 2107 MIAMI, FL 33173	☐ Delete	VP Ripley, Aldo 9870 Hammocks Blvd. - Unit 103 Miami Fl. 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RIPLEY, DENLLY P 7390 SW 107 AVENUE, APT. 2107 MIAMI, FL 33173	☐ Delete	T Ripley, Denlly 9870 Hammocks Blvd. - Unit 103 Miami, Fl. 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NAVARRO, AUDREY 263 MATTIX RUN GALLOWAY, NJ 08205	☒ Delete	S Eddy Schotborgh 8730 N. Himes Ave. - Apt. 813 Tampa, Fl. 33614	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANELON, LUIS ELOY 41 SAPPHIRE RUN OCALA, FL 34472	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Denlly Ripley [signature] 4/07/06 (305) 436.5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #