

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90036 040 ***150.00

DOCUMENT # P05000070023					
1. Entity Name HOPE HOME HEALTH CORP.					
Principal Place of Business 5755 WEST FLAGLER ST. SUITE 211 MIAMI, FL 33144			Mailing Address 5755 WEST FLAGLER ST. SUITE 211 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 2711 SW 137 AV		3. Mailing Address 2711 SW 137 AV			
Suite, Apt. #, etc. H 81		Suite, Apt. #, etc. H 81			
City & State Miami		City & State Miami FL			
Zip FL 33175		Zip FL 33175		01242008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-2850236				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 PORTIELES, ADALBERTO 5755 WEST FLAGLER ST. SUITE 211 MIAMI, FL 33144			7. Name and Address of New Registered Agent Name: <u>Adalberto Portieles</u> Street Address (P.O. Box Number is Not Acceptable): <u>2711 SW 137 AV Suite H 81</u> City: <u>Miami FL</u> Zip Code: <u>33175</u>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee, will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD LAMAS, ESPERANZA <input type="checkbox"/> Delete 850 SW 142ND AVE. MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTIELES, ADALBERTO <input type="checkbox"/> Delete 850 SW 142ND AVE. MIAMI, FL 33184		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	
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	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					