2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90134 046 ***150.00

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03132006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000096104

1. Entity Name
NEW HOPE PRODUCTS, INC.

Principal Place of Business	Mailing Address
7905 W 30TH COURT APT 106 HIALEAH GARDENS, FL 33018	7905 W 30TH COURT APT 106 HIALEAH GARDENS, FL 33018

2. Principal Place of Business	3. Mailing Address
12814 SW 17th TERR	12814 SW 17th TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33175 Country: USA	Zip: 33175 Country: USA

4. FEI Number 20-3381893 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, COSME E
160 12TH AVENUE NE
NAPLES, FL FL

7. Name and Address of New Registered Agent

Name: FERNANDO A. ADAMES
Street Address (P.O. Box Number is Not Acceptable): 12814 SW 17th TERRACE
City: MIAMI FL Zip Code: 33175

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 ________ MARCH 30, 2006
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

TITLE	P	☐ Delete
NAME	ADAMES, FERNANDO A	
STREET ADDRESS	7905 W 30TH COURT APT 106	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE	VP	☐ Delete
NAME	ADAMES, MARIA L	
STREET ADDRESS	7905 W 30TH COURT APT 106	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ________ 03/30/06 (305)220-0286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #