

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90134 046 ***150.00

DOCUMENT # P05000096104	
1. Entity Name NEW HOPE PRODUCTS, INC.	

Principal Place of Business 7905 W 30TH COURT APT 106 HIALEAH GARDENS, FL 33018	Mailing Address 7905 W 30TH COURT APT 106 HIALEAH GARDENS, FL 33018
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50006705

2. Principal Place of Business 12814 SW 17th TERR Suite, Apt. #, etc.	3. Mailing Address 12814 SW 17th TERR Suite, Apt. #, etc.
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03132006 Chg-P CR2E034 (11/05)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33175	Country USA
Zip 33175	Country USA

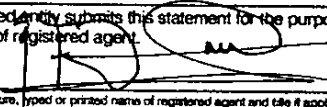
4. FEI Number 20-3381893	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PEREZ, COSME E 160 12TH AVENUE NE NAPLES, FL FL	
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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	
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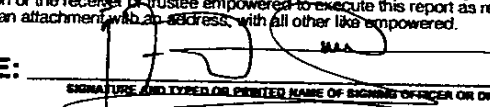
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMES, FERNANDO A 7905 W 30TH COURT APT 106 HIALEAH GARDENS, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMES, MARIA L 7905 W 30TH COURT APT 106 HIALEAH GARDENS, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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:  **03/30/06 (305) 220-0286**
Signature and typed or printed name of signing officer or director Date Daytime Phone #