
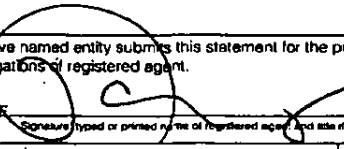
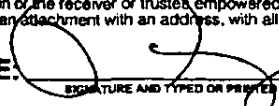


**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90020 015 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

1/2

<b>DOCUMENT # P06000106085</b>			
1. Entity Name HOPE INVESTMENTS AT KENDALL INC.			
Principal Place of Business 3161 SW 142 AVE MIAMI, FL 33175		Mailing Address 3161 SW 142 AVE MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 14996 SW 59 ST Suite, Apt. #, etc.		3. Mailing Address 14996 SW 59 ST Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33193 Country Miami, Dade		Zip 33175 Country Miami, Dade	
6. Name and Address of Current Registered Agent GONZALEZ, TANIA E 14996 SW 59 ST MIAMI, FL 33193		7. Name and Address of New Registered Agent Name: Gonzalez, Tania E 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:  President 01/15/08 <small>(Signature typed or printed on the of registered agent and state if applicable. (NOTE: Registered Agent: signature required when renewing))</small>			
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	P GONZALEZ, TANIA E 14996 SW 59 ST MIAMI, FL 33175 <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	VP MENDEZ, LAZARO 800 93RD SURFSIDE, FL 33154 <input checked="" 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	ST MILIAN, PABLO 11890 SW 51 ST MIAMI, FL 33165 <input checked="" 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:  President 01/15/08 (786) 399-7220		Date Daytime Phone	

66003982



01142008 Chg-P CR2E034 (12/08)

4. FEI Number  
APPLIED FOR 20-5577984 (Applied for Not Applicable)

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