


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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| DOCUMENT # P06000135697 |  |
| 1. Entity Name HOPE CARE SERVICES, INC. | |

2008 JUL -8 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 4749 SW 8 ST MIAMI, FL 33134 | Mailing Address 4749 SW 8 ST #103 MIAMI, FL 33134 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 4749 SW 8 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

07012008 Chg-P CR2E034 (12/06)

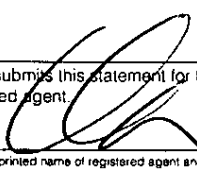
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|--------------------------|--------------------------|
| City & State Miami FL | City & State Miami FL |
| Zip 33134 | Country |

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| 4. FEI Number 20-5799210 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LAO, ORLANDO C 4749 SW 8 ST SUITE 103 MIAMI, FL 33134 |
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| 7. Name and Address of New Registered Agent Name Orlando C Lao Street Address (P.O. Box Number is Not Acceptable) 4749 SW 8 ST City Miami FL Zip Code 33134 |
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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  | DATE 6/30/08 |
|---|---|-----------------|

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST LAO, ORLANDO C 4749 SW 8 ST MIAMI, FL 33134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 00013292255 07/15/08--01009--009 \$61.25 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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  | DATE 6/30/08 | DAYTIME PHONE Cell. (786) 553 7643 |
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