

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P06000135697



1. Entity Name
HOPE CARE SERVICES, INC.

Principal Place of Business
4749 SW 8 ST
MIAMI, FL 33134

Mailing Address
4749 SW 8 ST
#103
MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
4749 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Zip
33134

Country

FILED
2008 JUL -8 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07012008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5799210	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

LAO, ORLANDO C
4749 SW 8 ST
SUITE103
MIAMI, FL 33134

Name *Orlando C LaO*

Street Address (P.O. Box Number is Not Acceptable)

4749 SW 8 ST

City <i>Miami</i>	FL	Zip Code <i>33134</i>
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/30/08

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

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
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000132922550 07/15/08--01009--009	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>61.25</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/08 (786)553 7643 cell.