

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009678

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: HOPE HEALTH CAREERS, INC.

## Current Principal Place of Business:

150 E. SAMPLE ROAD  
SUITE 100  
POMPANO BEACH, FL 33486 US

## New Principal Place of Business:

150 E. SAMPLE ROAD  
SUITE 220  
POMPANO BEACH, FL 33064 US

## Current Mailing Address:

150 E. SAMPLE ROAD  
SUITE 100  
POMPANO BEACH, FL 33064 US

## New Mailing Address:

150 E. SAMPLE ROAD  
SUITE 220  
POMPANO BEACH, FL 33064 US

FEI Number: 26-4006372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DESIR, CHANTAL  
150 E. SAMPLE RD., SUITE #100  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

DESIR, CHANTAL  
150 E. SAMPLE RD.,  
220  
POMPANO BEACH, FL 33064 US

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.

SIGNATURE: CHANTAL DESIR

04/12/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PS  
Name: DESIR, CHANTAL  
Address: 4450 W. BROWARD BLVD.  
City-St-Zip: PLANTATION, FL, FL 33317 US

Title: TR  
Name: DESIR, JOSELITO  
Address: 4450 W. BROWARD BLVD.  
City-St-Zip: PLANTATION, FL 33317 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHANTAL DESIR

PS

04/12/2012

Electronic Signature of Signing Officer or Director

Date