

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069582

Entity Name: GOOD HOPE MANOR, INC.

FILED  
Aug 24, 2007  
Secretary of State

## Current Principal Place of Business:

11406 CANYON MAPLE BLVD.  
DAVIE, FL 33330 US

## New Principal Place of Business:

## Current Mailing Address:

11406 CANYON MAPLE BLVD.  
DAVIE, FL 33330 US

## New Mailing Address:

FEI Number: 65-0610366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMUEL, CHERIAN  
11406 CANYON MAPLE BLVD.  
DAVIE, FL 33330 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR ( ) Delete  
Name: CHERIAN, SAMUEL  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL 33330 US

Title: MRS ( ) Delete  
Name: SAMUEL, SHIRLEY  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL 33330 US

Title: MR ( ) Delete  
Name: SAMUEL, SAJAN  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL 33330 US

Title: MS. ( ) Delete  
Name: SAMUEL, SHEEBA  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition  
Name: CHERIAN, SAMUEL  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL 33330 US

Title: MGR (X) Change ( ) Addition  
Name: SAMUEL, SHIRLEY  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL 33330 US

Title: MGR (X) Change ( ) Addition  
Name: SAMUEL, SAJAN  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL 33330 US

Title: MGR (X) Change ( ) Addition  
Name: SAMUEL, SHEEBA  
Address: 11406 CANYON MAPLE BLVD.  
City-St-Zip: DAVIE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHERIAN SAMUEL

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08/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date