## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# P97000062337

Entity Name: HOPE PROVIDERS, INC.

FILED Apr 28, 2006 Secretary of State

Date

() Change () Addition

| Current Principal Place of Business:   | New Principal Place of Business:  |
|--|---|
| 1492 NW 196TH ST<br>MIAMI, FL 33169  | 633 NE 167 STREET<br>SUITE # 601<br>NORTH MIAMI BEACH, FL 33162               |
| Current Mailing Address:   | New Mailing Address:  |
| 1492 NW 196TH ST<br>MIAMI, FL 33169  | 633 NE 167 STREET<br>SUITE # 601<br>NORTH MIAMI BEACH, FL 33162               |
| FEI Number: 65-0767364 FEI Number Applied For ( ) FEI Number   | nber Not Applicable ( ) Certificate of Status Desired ( )                     |
| Name and Address of Current Registered Agent:  | Name and Address of New Registered Agent:                                     |
| INIJE, CHARLES<br>16499 NE 19TH AVENUE<br>MIAMI, FL 33169 US   | BENEDICT, LLOYD<br>4835 HOLLYWOOD BLVD<br>SUITE # 2<br>HOLLYWOOD, FL 33021 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: LLOYD BENEDICT  | 04/28/2006  |

Title:

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

HOPE, CAROL H Name: Name: 1492 NW 196TH ST Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HOPE, MICHAEL D Name: Name: Address: 1492 NW 196 ST Address: MIAMI, FL 33169 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: CAROL HOPE 04/28/2006