

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000062337

Entity Name: HOPE PROVIDERS, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1492 NW 196 STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 69-3393  
MIAMI, FL 33269

**New Mailing Address:**

FEI Number: 65-0767364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENEDICT, LLOYD  
4835 HOLLYWOOD BLVD  
SUITE # 2  
HOLLYWOOD, FL 33021 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOPE, CAROL H  
Address: 1492 NW 196TH ST  
City-St-Zip: MIAMI, FL 33169

Title: VP  
Name: HOPE, MICHAEL D  
Address: 1492 NW 196 ST  
City-St-Zip: MIAMI, FL 33169

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: M HOPE

VP

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date