


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90430 040 ****70.00

DOCUMENT # N02000001533					
1. Entity Name HOPE MINISTRIES INTERNATIONAL, INC OF TAMPA, FLORIDA					
Principal Place of Business P.O. BOX 926 BRANDON, FL 33509-0926 US		Mailing Address P.O. BOX 926 BRANDON, FL 33509-0926 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 1850 PROVIDENCE LAKE BLVD. APT 104		Suite, Apt. #, etc. 1850 PROVIDENCE LAKE BLVD. APT. 104			
City & State BRANDON, FL.		City & State BRANDON, FL.		4. FEI Number 03-0411555	
Zip 33511		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINEZ, ANALIA A 413 BIG CEDAR WAY #C BRANDON, FL 33510			Name ANALIA A. MARTINEZ		
			Street Address (P.O. Box Number is Not Acceptable)		
			1850 PROVIDENCE LAKE BLVD. APT. 104		
			City BRANDON		FL Zip Code 33511
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 <u>Analia Martinez</u>			DATE <u>04/14/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	MARTINEZ, HUGO A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, HUGO A		NAME	11121 DINO CIR. APT. # 32	
STREET ADDRESS	1300 E FAIRHAVEN AVE., #19		STREET ADDRESS	GARDEN GROVE, CA 92840	
CITY-ST-ZIP	SANTA ANA, CA 92705		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CISTERNA, MARIA E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISTERNA, MARIA E		NAME	11121 DINO CIR APT. # 32	
STREET ADDRESS	1300 E FAIRHAVEN AVE., #9		STREET ADDRESS	GARDEN GROVE, CA 92840	
CITY-ST-ZIP	SANTA ANA, CA 92705		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLONG, GUILLERMO E		NAME		
STREET ADDRESS	AVE LACROZE 2882, 3 PISO APT.C		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES ARGENTINA, 00 1430		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, DANIEL E		NAME		
STREET ADDRESS	MENDOZA 1381		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES ARGENTINA 1428, 00 1428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELETE, DELETE 0		NAME	ISAAC MORALES	
STREET ADDRESS	DELETE		STREET ADDRESS	1850 PROVIDENCE LAKES Blvd. Apt 104	
CITY-ST-ZIP	DELETE, 00 00000		CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <u>Analia Martinez</u>			DATE <u>04/16/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		