

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000002029

**Entity Name:** HOPEFULL HANDBAGS USA, INC.**Current Principal Place of Business:**225 ATLANTIC CIRCLE,  
#204 A  
ST. AUGUSTINE, FL 32080**Current Mailing Address:**225 ATLANTIC CIRCLE,  
#204 A  
ST. AUGUSTINE, FL 32080 US**FEI Number:** 82-4626673**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MINER, CATHLENE  
2800 N 6TH STREET UNIT 1  
PMB#270 PMB#270  
ST. AUGUSTINE, FL 32084 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	MINER, CATHLENE
Address	2800 N 6TH STREET UNIT 1 PMB#270 PMB#270
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	CFO
Name	MINER, BRENDAN
Address	225 ATLANTIS CIRCLE #204A
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	S
Name	RADY, KAITLIN
Address	2521 VISTA COVE
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	D
Name	GARBER, DIANA
Address	520 FLORIDA CLUB RD #104
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	D
Name	ERTL, CHRISTENE
Address	1301 PLANTATION ISLAND DR #206 A
City-State-Zip:	ST. AUGUSTINE FL 32080

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHLENE MINER**PRESIDENT****01/08/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date