


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 683179 1. Entity Name HAME CORP.	
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Principal Place of Business 4990 SW 72ND AVENUE # 105 MIAMI, FL 33155 US	Mailing Address 4990 SW 72ND AVENUE # 105 MIAMI, FL 33155 US
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DO NOT WRITE IN THIS SPACE



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2073019	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEAD, JR D RICHARD 4990 SW 72ND AVENUE # 105 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MEAD JR., D. R. 4990 SW 72ND AVENUE, # 105 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HAMILL, KENT 4990 SW 72ND AVENUE, #105 MIAMI, FL
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U00000169353
08/04/04-80004-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(3)(f), 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 607, 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><i>D R Mead</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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