## 2004 FOR PROFIT CORPORATION -ANNUAL REPORT

## Feb 27, 2004 08:00 AM Secretary of State **DOCUMENT # P99000024782** A BIMMER BASE, INC. Mailing Address Principal Place of Business 2566 NW 86TH AVENUE 2345 ALI BABA AVE OPA LOCKA, FL 33054 CORAL SPRINGS, FL 33065 02252004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0909747 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAWES, SAMUEL N 2566 NW 86TH AVENUE CORAL SPRINGS, FL 33065 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 *ს*ბიინმ069358 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS TITLE HAWES, SAMUEL N NAME 2566 NW 86TH AVENUE STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119 07(3)(i). 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 on 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 adachment with an address, with all other like empowered

**SIGNATURE:** 

NAME STREET ADDRESS CITY-ST-ZIP

Pant / Hawk

SAMUEL N. MANGE

2.24.04

305-685-1401

Date

Coulume Phone #

**FILED**