


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 222615  
 1. Entity Name  
 HAMERSMITH, INC.



Principal Place of Business      Mailing Address  
 3121 NW 125TH STREET      3121 NW 125TH STREET  
 MIAMI, FL 33167 US      MIAMI, FL 33167 US



03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0883884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HAMERSMITH, MINDA  
 1481 NW NORTH RIVER DR  
 MIAMI, FL 33125

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

100000112909  
 04/14/04-80041-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMERSMITH, JOYCE 3200 NW 125TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMERSMITH, HENRY 3200 NW 125TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMERSMITH, MINDA 3200 NW 125TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMERSMITH, STEVEN 3200 NW 125TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMERSMITH, CHERYL 3200 NW 125TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 fee empowered.

SIGNATURE: Henry Hamersmith      Date: 4/9/04  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR