

**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 3121 NW 125TH STREET MIAMI, FL 33167 US	Mailing Address 3121 NW 125TH STREET 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 ☐	\$8.75 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	1000000112909 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 **4/9/04**
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #