2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 02, 2005 08:00 AM Secretary of State DOCUMENT # 310931 1. Entity Name HAMPSHIRE, INCORPGRATED Principal Place of Business Mailing Address 285 NW 71 STREET MIAMI FL 33150 285 NW 71 STREET MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-1202103 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GROSS, PATRICIA B. Street Address (P.O. Box Number is Not Acceptable) 285 NW 71 STREET **MIAMI FL 33150** Zip Code City 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 Agen) signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE PT ☐ Delete Late C NAME GROSS, PATRICIA B. NAME STREET ADDRESS 285 NW 71 STREET STREET ADDRESS CHTY-ST-ZIP MIAMI FL 33150 CITA-ST-ZIB Change **VPS** DILE ☐ Addition TOTAL Delete U00000248042 03/02/05-80013-023 150.00 KRAFT, WILLIAM E. MAME STREET ADDRESS 285 NW 71 STREET STREET ADDRESS MIAMI FL 33150 CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-782 CITY-ST-ZIP ittie Change ☐ Addition ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete Dist TIME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Delete Dist Change Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

FILED