


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 410779 1. Entity Name HAMMER CORP |  |
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| Principal Place of Business P.O. BOX 527842 MIAMI, FL 33152 | Mailing Address P.O. BOX 527842 MIAMI, FL 33152 |
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|---------------------------------------|
| 4. FEI Number 59-1419764 | Applied For Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WEBER, KATHLEEN M.
8690 NW 58 STREET
MIAMI, FL 33166**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEBER, KATHLEEN M. 8690 NW 58 STREET MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WISSOKER, ROBERT L. 8690 NW 58 STREET MIAMI, FL |
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01/24/05-80049-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Kathleen M. Weber, President 1-18-05 305 592-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KATHLEEN M. WEBER