2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467863

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4420 NW 12TH AVE

FT LAUDERDALE, FL

() Delete

FILED Jan 11, 2008 Secretary of State

Entity Nar	me: H. LAN	MM INDUSTF	RIES, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
	TH TERRA JDERDALE							
Current Mailing Address:				New Maili	New Mailing Address:			
4425 NE 6TH TERRACE FT LAUDERDALE, FL 33334				4425 NE 6TH TERRACE FORT LAUDERDALE, FL 33334				
FEI Number:	: 59-1565005	FEI Num	ber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FORT LAL	TH TERRA JDERDALE named ent	, FL 33334 ity submits th	US is statement for the p	urpose of changing	its registe	ered office or registered agent, or both,	1	
SIGNATUR	e of Florida. ⊃⊏·							
SICINATOI		tronic Signatı	ure of Registered Age	ent		 Date		
Election Car	npaign Finan	cing Trust Fun	d Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PDST LAMM, HEL 4425 NE 6T FT. LAUDEI	H TERRACE		Title: Name: Address: City-St-Zip:		(X) Change () Addition HELMUT, 6TH TERRACE DERDALE, FL 33334 US		
Title: Name: Address: City-St-Zip:		() Delete I, ROBERT A JURSE DR #102 BEACH, FL	:	Title: Name: Address: City-St-Zip:	2900 N.	(X) Change () Addition ON, ROBERT A COURSE DR #102 NO BEACH, FL 33069 US		
Title: Name:	V HAWK, JEF	() Delete		Title: Name:	V HAWK. J	(X) Change()Addition IEFFREY		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4420 NW 12TH AVE

ST

LAMM, JULIÈ

4425 NE 6 TERR

FT LAUDERDALE, FL 33309 US

FT LAUDERDALE, FL 33334 US

() Change (X) Addition

SIGNATURE: HELMUT LAMM PD 01/11/2008