

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000001407

1. Entity Name
HAMWORTHY INC.



Principal Place of Business
8000 NW 31 STREET UNIT 13
MIAMI, FL 33122

Mailing Address
1418 EDWARDS AVENUE #B
NEW ORLEANS, LA 70123



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1024154

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
PILON, PETER
STREET ADDRESS
1011 HIGHWAY 6 SOUTH #208
CITY-ST-ZIP
HOUSTON, TX 77077

TITLE
NAME
AS
GRIGO, MICHAEL
STREET ADDRESS
1418 EDWARDS AVENUE #B
CITY-ST-ZIP
NEW ORLEANS, LA 70123

TITLE
NAME
ST
CROMPTON, PAUL
STREET ADDRESS
FLEETS CORNER, POOLE,
CITY-ST-ZIP
DORSET BH17 0JT ENGLAND,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000593794
01/22/07-80046-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER PILON

1/11/07

Date

504-784-5525

Daytime Phone #