

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G15902

1. Entity Name
PROPERTIES OF HAMILTON, INC.



Principal Place of Business
555 N.E. 34TH ST.
#306
MIAMI, FL 33137

Mailing Address
555 N.E. 34TH ST.
#306
MIAMI, FL 33137



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2344531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUNTRUST BANK, SOUTH FLORIDA
C/O WILLIAM J JONES
777 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33137

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDC
NAME ECKSTEIN, HENRY J.
STREET ADDRESS 555 N.E. 34TH STREET #306
CITY-ST-ZIP MIAMI, FL 33137

TITLE VDVC
NAME TINKLER, STEVEN L
STREET ADDRESS 555 N.E. 34TH ST.
CITY-ST-ZIP MIAMI, FL 33137

TITLE DV
NAME HALL, MARK A
STREET ADDRESS 555 N.E. 34TH ST.
CITY-ST-ZIP MIAMI, FL 33137

TITLE VTAS
NAME JONES, WILLIAM J
STREET ADDRESS 555 N.E. 34TH ST.
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME JONES, WILLIAM J
STREET ADDRESS 555 N.E. 34TH ST.
CITY-ST-ZIP MIAMI, FL 33137

TITLE DVS
NAME GIVNER, BARRY A
STREET ADDRESS 555 N.E. 34TH ST.
CITY-ST-ZIP MIAMI, FL 33137

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01/19/06-80013-015 150.00

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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: HENRY J. ECKSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

JAN 10, 2006 305 576 6555