


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15902 1. Entity Name PROPERTIES OF HAMILTON, INC.						FILED 07 MAY 18 PM 12: 05 ALABAMA STATE ALABAMA, FLORIDA		
Principal Place of Business 555 N.E. 34TH ST. #306 MIAMI, FL 33137				Mailing Address 555 N.E. 34TH ST. #306 MIAMI, FL 33137				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
4. FEI Number 59-2344531				Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 _____								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ECKSTEIN, HENRY J. 555 N.E. 34TH STREET #306 MIAMI, FL 33137			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC Steven L. Tinkler 555 N.E. 34 Street Miami, FL 33137		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC TINKLER, STEVEN L. 555 N.E. 34TH ST. MIAMI, FL 33137			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC C. Thomas Greene 555 N.E. 34 Street Miami, FL 33137		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, MARK A 555 N.E. 34TH ST. MIAMI, FL 33137			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Allen B. Fisher 555 N.E. 34 Street Miami, FL 33137		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS JONES, WILLIAM J 555 N.E. 34TH ST. MIAMI, FL 33137			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600103884966 06/05/07--01015--003 **200.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIAM J 555 N.E. 34TH ST. MIAMI, FL 33137			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$25/25		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GIVNER, BARRY A 555 N.E. 34TH ST. MIAMI, FL 33137			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$25/25		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William J. Jones</u> <u>William J. Jones, Registered Agent, Director</u> Vice President, Treasurer, Asst. Secretary 4/17/07 305-5774-7125								