

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
08 APR -1 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2344531Applied For
Not Applicable5. 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 33137DO 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, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE	VDVC
NAME	GREENE, C. THOMAS
STREET ADDRESS	555 N.E. 34TH ST.
CITY - ST - ZIP	MIAMI, FL 33137

TITLE	DV
NAME	FISHER, ALLEN B
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	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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

WILLIAM J JONES

Date

Daytime Phone #

3/45/08

205

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