


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90548 035 ***150.00

DOCUMENT # **H26413**

1. Entity Name
HERMES INTERNATIONAL, INC.



Principal Place of Business
**8520 S.W. 83 ST.
MIAMI FL 33143**

Mailing Address
**8520 S.W. 83 ST.
MIAMI FL 33143**



2. Principal Place of Business
1740 HUDSON BRIDGE RD

3. Mailing Address
1740 HUDSON BRIDGE RD

Suite, Apt. #, etc.
SUITE 1152

Suite, Apt. #, etc.
SUITE 1152

City & State
STOCKBRIDGE

City & State
STOCKBRIDGE

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2477680**

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

Zip **30281** Country **GA** Zip **30281** Country **GA**

6. Name and Address of Current Registered Agent

JUNKER, CHRISTA
8520 S.W. 83 ST.
MIAMI FL 33143

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TV	<input checked="" type="checkbox"/> Delete
NAME	JUNKER, CHRISTA	
STREET ADDRESS	8520 S.W. 83 ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	KARLE, GEORGE, P	
STREET ADDRESS	8520 SW 83 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	AMY PALMER	
STREET ADDRESS	1740 HUDSON BRIDGE RD. # 1152	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY PALMER	
STREET ADDRESS	1740 HUDSON BRIDGE RD. # 1152	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **4/14/03** **770 472-2654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PVST** Date Daytime Phone #

CR2E034 (10/02)