


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90049 018 \*\*\*150.00


<b>DOCUMENT # K65517</b>		
1. Entity Name <b>HAMMOCK ESTATES INCORPORATED</b>		

Principal Place of Business <b>6255 BIRD ROAD MIAMI, FL 33155 US</b>	Mailing Address <b>6255 BIRD ROAD MIAMI, FL 33155 US</b>
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2. Principal Place of Business - No P.O. Box # <b>6361 Sunset Dr</b>	3. Mailing Address <b>6361 Sunset Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33143</b>	Zip <b>33143</b>
Country	Country

400000



02072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0277685</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent <b>ZULUETA, IGNACIO 6255 BIRD ROAD MIAMI, FL 33155</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6361 Sunset Dr</b> City <b>Miami</b> FL Zip Code <b>33143</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZULUETA, FERNANDO <del>6255 BIRD ROAD</del> <del>MIAMI, FL 33155</del></b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6361 Sunset Dr Miami, FL 33143</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information submitted 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **2/7/08** **305-669-2906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #