2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # L58521 1. Entity Name FILER & HAMMOND ARCHITECTS, INC. Principal Place of Business 7438 A S.W. 48TH STREET ANNUAL REPORT Mailing Address 7438 A S.W. 48TH STREET

FILED Feb 05, 2007 08:00 AM Secretary of State

MIAMI, FL	33155	US		MIAMI, FL 33155	US	
		_				
		4.	* *	**		3 12411011 201 BINS (DIRT CIND NOBE NET BIDES BEDI GIDES BEDIS BEDIS DE
	and the second	*		$(\mathbf{p}_{i}, \mathbf{p}_{i}) = (\mathbf{p}_{i}, \mathbf{p}_{i}, $		00040007 No Cha B CD05024/11/05\

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0209859 Not Applicable

6. Name and Address of Current Registered Agent
FILER, ROBERT JEROME
7438 A S.W. 48TH STREET

MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

	•				Comments of the Comments of th
the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature required when reinstating)	U00000623481	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		02/13/07-80067-018	150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILER, ROBERT JEROME 7438A SW 48 STR MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILER, ANNETTE ELIZABETH 7438A SW 48 STR MIAMI, FL				5 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILER, DEBORAH JANE 7438A SW 48 STR MIAMI, FL			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN Control of the con	THIS SPACE	A Company of the Comp
TITLE NAME STRÉET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:	DEBORAH	JANE FILER
		ED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

305-444-5714

Daytime Phone #