

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002245

1. Entity Name
HAMMOCKS VENOM HOCKEY, INC.



Principal Place of Business

**8042 SW 133RD PL.
MIAMI, FL 33183**

Mailing Address

**8042 SW 133RD PL.
MIAMI, FL 33183**



03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0994145

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARTINEZ, JORGE
8042 SW 133 PL
MIAMI, FL 33183**

**DO 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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000125454
04/22/04-80086-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARTINEZ, JORGE
8042 SW 133RD PL.
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BLANCO, RAYMOND
6761 SW 155TH AVE.
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARTINEZ, IRIS
8042 SW 133 PL
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 617, 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

Date

Daytime Phone #

4/16/04

305 387-3444