

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 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**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0994145** Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$51.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000497130
04/22/06-80039-002 61.25

**DO NOT WRITE
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 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 information provided.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 786 256-6146
Date Daytime Phone #