

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008350

FILED
Apr 28, 2009
Secretary of State

Entity Name: HAMMERHEAD AQUATICS, INC.

Current Principal Place of Business:

1225 NE 16TH TERRACE.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1225 NE 16TH TERRACE.
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 34-2014568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRZESZCZAK, JOHN
1225 NE 16TH TERRACE
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRZESZCZAK, JOHN
Address: 1225 NE 16TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD (X) Delete
Name: ADKINS, MARVIN
Address: P.O. BOX 100003
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D () Delete
Name: O'NEIL, BLAIZE
Address: 1097 N.E. 45TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: T () Delete
Name: WOLFE, RICHARD A
Address: 1755 WASHINGTON AVE. #3B
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S GRZESZCZAK

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date