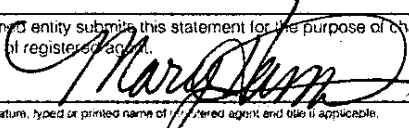
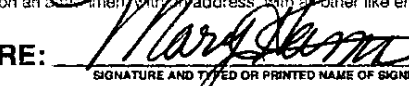


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90231 050 ***150.00

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1. Entity Name HAMMEL & HAMMEL, P.A.																																																																																																																																											
Principal Place of Business 515 E. LAS OLAS BLVD., STE. 1150 FT. LAUDERDALE, FL 33301			Mailing Address 515 E. LAS OLAS BLVD., STE. 1150 FT. LAUDERDALE, FL 33301																																																																																																																																								
2. Principal Place of Business PO BOX 480682 Suite, Apt. #, etc.		3. Mailing Address PO BOX 480682 Suite, Apt. #, etc.																																																																																																																																									
City & State FT. LAUD., FL		City & State FT. LAUD FL		04182005 Chg-P CR2E034 (10/03)																																																																																																																																							
Zip 33348-0682		Country USA		4. FEI Number 65-1062661																																																																																																																																							
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable																																																																																																																																									
6. Name and Address of Current Registered Agent HAMMEL, MARIETTA A ESQ. 515 E. LAS OLAS BLVD., STE. 1150 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name: MARY E. HAMMEL Street Address (P.O. Box Number is Not Acceptable): 1540 MONROE ST City: HOLLYWOOD FL Zip Code: 33020																																																																																																																																								
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:  DATE: 4-18-05 Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when re-registering)																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																									
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with another like empowered. SIGNATURE:  DATE: 4-18-05 954 766-8802 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																											