


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90269 047 ***150.00

DOCUMENT # P0000084655			
1. Entity Name HMIT/HAND MADE INTERNATIONAL TRADE CORPORATION			
Principal Place of Business 14435 COUNTRY WALK DR MIAMI, FL 33186		Mailing Address 7105 SW 8 ST # 309 MIAMI, FL 33144	
2. Principal Place of Business 7105 SW 8 STREET		3. Mailing Address 7105 SW 8 STREET	
Suite, Apt. #, etc. 306		Suite, Apt. #, etc. 306	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33144	Country	Zip 33144	Country
6. Name and Address of Current Registered Agent CASTRO, SERGIO A 13712 SW 147 CIR., LN #3 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: ARIAS, FABIOLA Street Address (P.O. Box Number is Not Acceptable): 7105 SW 8 STREET STE 306 City: MIAMI FL Zip Code: 33144	
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: <i>Sergio Castro</i> <i>Fabiola Arias</i> DATE: <i>9/20/06</i> <small>Signature, typed or printed name of registered agent or trustee if applicable (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, ROCI BOTERO 13712 SW 147 CIR., LN #3 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, SERGIO A 13712 SW 147 CIR., LN #3 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>SERGIO CASTRO</u>		04-20-06 305 2263443	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1043327 Applied For Not Applicable

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