

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078131

1. Entity Name
LOU HAMMOND & ASSOCIATES, INC. (FL)



Principal Place of Business
**LA PUERTA DEL SOL BLDG.
800 DOUGLAS ROAD, SUITE 315
CORAL GABLES, FL 33134**

Mailing Address
**LA PUERTA DEL SOL BLDG.
800 DOUGLAS ROAD, SUITE 315
CORAL GABLES, FL 33134**



07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0740680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RADLEY, PHILIPPE D
605 THIRD AVENUE
24TH FLOOR
NEW YORK, FL 10158**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

U00000570231
07/14/06-80005-010 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMOND, LOU R 39 EAST 51ST ST. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMMOND, STEPHEN 39 EAST 51ST ST. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

8/13/06 212 308 8880
Date Daytime Phone