## 2005 FOR PROFIT CORPORATION

## May 06, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-06-2005 90100 027 \*\*\*150.00 DOCUMENT## P04000151970 1. Entity Name A M & R HIP HOP SHOP, INC. Principal Place of Business Mailing Address 50050274 7061 SW 26TH ST 7061 SW 26TH ST MIRAMAR, FL 33023 MIRAMAR, FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 27-0035641 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEWITT, JOHN R Street Address (P.O. Box Number is Not Acceptable) 7061 SW 26TH ST MIRAMAR, FL 33023 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition HEWITT, JOHN R NAME NAME STREET ADDRESS 7061 SW 26TH ST STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HEWITT, MARTIN M NAME STREET ADDRESS 7061 SW 26TH ST STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY+ST-7IP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

**FILED** 

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 an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: John Howitt	4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #