

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 016 ***150.00

DOCUMENT # P06000123371					
1. Entity Name HAMSA SERVICES INC					
Principal Place of Business 601 THREE ISLAND BLVD # 303 HALLANDALE BEACH, FL 33009			Mailing Address 601 THREE ISLAND BLVD # 303 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5617297	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRIETO, LUIS A 601 THREE ISLAND BLVD # 303 HALLANDALE BEACH, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable)--- City FL 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 _____ (NOTE: Registered Agent signature required when remitting)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PD	NAME PRIETO, LUIS A		<input type="checkbox"/> Delete		
STREET ADDRESS 601 THREE ISLAND BLVD # 303	CITY - ST - ZIP HALLANDALE BEACH, FL 33009		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS NAME		CITY - ST - ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY - ST - ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY - ST - ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY - ST - ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY - ST - ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY - ST - ZIP NAME		
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: _____			Date: 2/2/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		