

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000043826**



Entity Name  
**HAMBRA CAPITAL MANAGEMENT, INC.**

Principal Place of Business  
**261 WESTWARD DRIVE**  
**SUITE 203**  
**MIAMI SPRINGS, FL 33166 US**

Mailing Address  
**1060 REDBIRD AVE.**  
**MIAMI SPGS, FL 33166 US**



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0420684</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAAS, WALTER J**  
**1060 REDBIRD AVE.**  
**MIAMI SPRINGS, FL 33166**

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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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

100000396476  
 01/30/06 80011-018 150.00

**OFFICERS AND DIRECTORS**

OFFICER	CDM	HAAS, WALTER J
STREET ADDRESS		1060 REDBIRD AVE.
CITY-ST-ZIP		MIAMI SPGS., FL 33166
OFFICER	DT	PICKETT-HAAS, ELIZABETH
STREET ADDRESS		261 WESTWARD DRIVE, SUITE 203
CITY-ST-ZIP		MIAMI SPRINGS, FL 33166
OFFICER	D	HAAS, GEOFFREY W.
STREET ADDRESS		2123 IVY ROAD, SUITE B
CITY-ST-ZIP		CHARLOTTESVILLE, VA 22903
OFFICER	DP	BARGAMIN, KRISTEN
STREET ADDRESS		1060 REDBIRD AVE
CITY-ST-ZIP		MIAMI SPGS, FL
OFFICER		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Walter J Haas 1-17-06 305-884-2123  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #