2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90090 046 ***150.00

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1. Entity Name
ADVANCED CAPITAL DEVELOPMENT CORPORATION-HAMMOCK, INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE SUITE 402B MIAMI, FL 33131 US	P O BOX 279 KEY BISCAYNE, FL 33149

20022805

03062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
250 Catalonia Ave.	
Suite, Apt. #, etc.: Suite 606	Suite, Apt. #, etc.:
City & State: Coral Gables, Fl.	City & State:
Zip: 33134 Country: USA	Zip: Country:

4. FEI Number: 65-0545786 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDMEIER, BARRY S 1000 MARINER DR KEY BISCAYNE, FL 33149	Name: Street Address (P.O. Box Number is Not Acceptable): 250 Catalonia Ave. Suite 606 City: Coral Gables FL Zip Code: 33134

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 ____________ 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP GOLDMEIER, BARRY S 1000 MARINER DR. KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Goldmeier, Barry S. 250 Catalonia Ave Suite 606 Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: ____________ 3/7/05 305-461-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #