2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P94000025058

Entity Name: SOLUTIONS-HAMMOCK, INC.

Current Principal Place of Business:

1108 KANE CONCOURSE
SUITE 307
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

1108 KANE CONCOURSE
SUITE 307
BAY HARBOR ISLANDS, FL 33154 US

New Mailing Address:

FEI Number: 65-0545489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAIMAN, BARRY G
1108 KANE CONCOURSE
STE 307
BAR HARBOR ISLANDS, FL 33154

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARASCH, STUART
Address: 353 W 47 STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: MCNABB, ROBERT F
Address: 9500 SW 184 ST.
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: JONES, LUVERNE
Address: 1 SE 3RD AVE 20TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: GORDON, ALAN
Address: 1997 SPOONBILL STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32224

Title: D ( ) Delete
Name: MAYES, CARL
Address: 6602 NW 3RD STREET
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY HAIMAN D 04/27/2004

Electronic Signature of Signing Officer or Director Date