

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90035 046 ***158.75

DOCUMENT # P97000086258

1. Entity Name
HAMWAY FLOORING, INC.



Principal Place of Business
**3200 NW 23RD AVE, SUITE 400
POMPANO BEACH, FL 33069**

Mailing Address
**3200 NW 23RD AVE, SUITE 400
POMPANO BEACH, FL 33069**

50003955



2. Principal Place of Business
3195 N. POWERLINE RD

3. Mailing Address
3195 N. POWERLINE RD

Suite, Apt. #, etc.
STE 112

Suite, Apt. #, etc.
STE 112

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip Country
33069-1052 USA

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33069-1052 USA

01082005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0785444

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THIRER, MARTIN
1000 NW 65TH SR
SUITE 200
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2950 W. CYPRESS CREEK ROAD

STE 102

City
FT. LAUDERDALE

FL

Zip Code

33309

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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAMWAY, JAMES
3200 NW 23RD AVE, SUITE 400
POMPANO BEACH, FL 33069**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**3195 N. POWERLINE ROAD, STE 112
POMPANO BEACH, FL 33069-1052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

James Hamway

JAMES HAMWAY

1-10-5

9549731983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #