


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

**50003955**



2. Principal Place of Business      3. Mailing Address  
 3195 N. POWERLINE RD      3195 N. POWERLINE RD  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 STE 112      STE 112

01082005      Chg-P      CR2E034 (10/03)

City & State      City & State  
 POMPAÑO BEACH, FL      POMPAÑO BEACH, FL  
 Zip      Country      Zip      Country  
 33069-1052      USA      33069-1052      USA

4. FEI Number      Applied For  
 65-0785444      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      State      Zip Code  
 FT. LAUDERDALE      FL      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 \_\_\_\_\_ (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	D HAMWAY, JAMES 3200 NW 23RD AVE, SUITE 400 POMPAÑO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3195 N. POWERLINE ROAD, STE 112 POMPAÑO BEACH, FL 33069-1052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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      Date: 1-10-05      Daytime Phone #: 9549731983