2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90069 049 ***150.00

DOCUMENT # P98000035992

1. Entity Name
HAMMY, INC.

Principal Place of Business	Mailing Address
198 PALM AVENUE MIAMI BCH FL 33139	198 PALM AVENUE MIAMI BCH FL 33139

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
251 N. COCONUT LANE	251 N. COCONUT LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH, FL
Zip: FL 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 65-0870929 ☐ 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
VIGLIANESI, VITTORIO 198 PALM AVE PALM ISLAND MIAMI BCH FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] SYLVIE ROBERT VP 01/22/2004
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VIGLIANESI, VITTORIO	NAME	
STREET ADDRESS	198 PALM AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM ISLAND FL 33139	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBERT, SYLVIE	NAME	
STREET ADDRESS	198 PALM AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM ISLAND FL 33139	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] SYLVIE ROBERT VP 01/22/2004 305 532 5184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #