


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
Feb 27, 2004 08:00 AM  
Secretary of State

|  |   |
|--|---|
| DOCUMENT # P99000024782<br>1. Entity Name<br>A BIMMER BASE, INC. |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br>2345 ALJ BABA AVE<br>OPA LOCKA, FL 33054 US | Mailing Address<br>2566 NW 86TH AVENUE<br>CORAL SPRINGS, FL 33065 |
|--|---|

**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-P CR2E034 (10/03)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>65-0909747      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HAWES, SAMUEL N  
2566 NW 86TH AVENUE  
CORAL SPRINGS, FL 33065

**DO NOT WRITE IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000069358  
03/01/04-80011-003 158.75

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | HAWES, SAMUEL N         |
| STREET ADDRESS | 2566 NW 86TH AVENUE     |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33065 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
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| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: Samuel N. Hawes SAMUEL N. HAWES Date: 2-24-04 305-685-1401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #