

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90142 020 ***150.00

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1. Entity Name

HAMFIELD INTERNATIONAL INC.



Principal Place of Business

501 GOODLETTE ROAD
NAPLES, FL 34102

Mailing Address

235 WASHINGTON AVE
FORT LEE, NJ 07024

50003460



DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3585122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

KISSINE, IOSSIF
501 GOODLETTE ROAD
NAPLES, FL 34102

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KISSINA, KATERINA
STREET ADDRESS 129 REGINA STREET
CITY-ST-ZIP CARATE URIO 22010 ITALY,

TITLE V
NAME KISSINA, JOSSIF
STREET ADDRESS 501 GOODLETTE ROAD
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #