


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S73101 1. Entity Name MARY HAMILTON INC.	
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Principal Place of Business 2655 LE JEUNE RD. SUITE 1107 CORAL GABLES, FL 33134	Mailing Address 2655 LE JEUNE RD. SUITE 1107 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0285734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIR, HECTOR J.
2655 LE JEUNE RD.
SUITE 1107
CORAL GABLES, FL 33134

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	4000000130438 04/26/04-80119-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DE MELLO, JOSE MANDARINO CENTRO RIO DE JANEIRO CEP 20040, RJ BRAZIL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDARINO, MARCIA CENTRO RIO DE JANEIRO CEP 20040, RJ BRAZIL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MIR, HECTOR J. 2655 LE JEUNE RD, S-1107 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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 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: Hector J. Mir **Hector J. Mir** 04/23/04 305-444-0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #