

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90109 016 ***150.00

DOCUMENT # P94000087443
 1. Entity Name
 LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.



Principal Place of Business: 848 BRICKELL AVE, SUITE 800 747, MIAMI, FL 33131 US
 Mailing Address: 848 BRICKELL AVE, SUITE 800 747, MIAMI, FL 33131 US

2. Principal Place of Business: Suite, Apt. #, etc. **Suite 747**
 3. Mailing Address: Suite, Apt. #, etc. **Suite 747**

City & State: [Blank]

Zip: [Blank] Country: [Blank]

40040000



03222006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0535131
 Applied For: []
 Not Applicable: []

5. Certificate of Status Desired: [] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: HOFFMAN, JOHN D, 848 BRICKELL AVENUE, SUITE 800 747, MIAMI, FL 33131
 7. Name and Address of New Registered Agent: [Blank]

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HOFFMAN, JOHN D STREET ADDRESS: 260 WEST MCINTYRE STREET CITY-ST-ZIP: KEY BISCAVNE, FL 33149	[] Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Change [] Addition
TITLE: ST NAME: HOFFMAN, WILLIAM D STREET ADDRESS: PO BOX 880 CITY-ST-ZIP: MIAMI, FL 33231	[] Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Change [] Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Change [] Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Change [] Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Change [] Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	[] Change [] Addition

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]* Date: 3/24/06 Daytime Phone #: 305 372 2877