

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 477072

Entity Name: THE HOFFMAN COMMERCIAL GROUP, INC.**Current Principal Place of Business:**5190 LAKE WORTH RD.
GREENACRES, FL 33463**Current Mailing Address:**401 EAST LAS OLAS BLVD
SUITE 800
FT LAUDERDALE, FL 33301 US**FEI Number:** 59-1610801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEARNS WEAVER MILLER, PA
MUSEUM TOWER
150 WEST FLAGLER STREET SUITE 2200
MIAMI, FL 33130 US*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.***SIGNATURE:** ALISON MILLER

03/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name LOPEZ, RAY
Address 401 EAST LAS OLAS BLVD
SUITE 800
City-State-Zip: FT LAUDERDALE FL 33301

Title EVP
Name WISE, SETH
Address 401 EAST LAS OLAS BLVD
SUITE 800
City-State-Zip: FT LAUDERDALE FL 33301

Title VP
Name POWER, GREG
Address 401 EAST LAS OLAS BLVD
SUITE 800
City-State-Zip: FT LAUDERDALE FL 33301

Title CEO, PRESIDENT
Name LEVAN, JARETT
Address 401 EAST LAS OLAS BLVD
SUITE 800
City-State-Zip: FT LAUDERDALE FL 33301

Title VP
Name VITALE, RANDALL
Address 401 EAST LAS OLAS BLVD
SUITE 800
City-State-Zip: FT LAUDERDALE FL 33301

Title SECRETARY
Name DRAPOS, LINDA M
Address 401 EAST LAS OLAS BLVD
SUITE 800
City-State-Zip: FT LAUDERDALE FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAY LOPEZ

CFO

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date