


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90009 006 ***550.00

DOCUMENT # F83356 1. Entity Name STEPHANIE HECKERLING HOFFMAN, INC.					
Principal Place of Business % STEPHANIE H. HOFFMAN 4601 RIVIERA DRIVE CORAL GABLES, FL 33146			Mailing Address % STEPHANIE H. HOFFMAN 4601 RIVIERA DRIVE CORAL GABLES, FL 33146		
2. Principal Place of Business 7139 S.W. 53 Lane		3. Mailing Address → same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami		City & State 		4. FEI Number 59-2224013	
Zip FL		Country 33105		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HECKERLING, RUTH 625 BILTMORE WAY, #707 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME HOFFMAN, STEPHANIE H. STREET ADDRESS 4601 RIVIERA DRIVE CITY-ST-ZIP CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE STEPHANIE H. HOFFMAN NAME → 7139 SW 53 Lane STREET ADDRESS Miami, FL 33155 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HECKERLING, RUTH STREET ADDRESS 625 BILTMORE WAY, #707 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Stephanie Hoffman</u> 8-3057720334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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