

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J75884

1. Entity Name  
HOCHMAN, INC.



Principal Place of Business  
16250 NW 48TH AVE  
MIAMI, FL 33017

Mailing Address  
16250 NW 48TH AVE  
MIAMI, FL 33017 US

**DO NOT WRITE IN THIS SPACE**

05-03-2006 90225 010 \*\*\*150.00

4000101



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0167918	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTHUR HOCHMAN  
16250 N.W. 48TH AVE  
MIAMI, FL 33014-6415

**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 HOCHMAN, ARTHUR  
STREET ADDRESS 16250 NW 48TH AVE  
CITY-ST-ZIP MIAMI, FL 330146415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** Arthur Hochman **Date:** 4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #