


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State


05-03-2006 90225 010 ***150.00

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

4000100-



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0167918	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 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOCHMAN, ARTHUR 16250 NW 48TH AVE MIAMI, FL 330146415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: *per Arthur Hochman* *Arthur Hochman* *4/28/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #