

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 A
Secretary of State

DOCUMENT # L34146

1. Entity Name
HOFER & HOFER INTERNATIONAL CONTEMPORARY ART, INC.



Principal Place of Business
 1390 OCEAN DRIVE
 SUITE 305
 MIAMI BEACH, FL 33139

Mailing Address
 1390 OCEAN DRIVE
 SUITE 305
 MIAMI BEACH, FL 33139



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0167914	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

IDEN, BRUCE F.
 2100 PONCE DE LEON BLVD.
 SUITE 600
 MIAMI, FL 33134

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFER, RANDIE 1390 OCEAN DR. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFER, HERBERT 1390 OCEAN DR. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000939516
 05/28/08-80030-025 150.00

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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: Randie S. HOFER Randie I. Hofer 4/25/08 305-724-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #