


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000102859 1. Entity Name CLAUDIA RODRIGUEZ HOFFMAN PHD, P.A.	
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Principal Place of Business 11073 CHERRY HILLS AVE. CIRCLE BRADENTON FL 34202 US	Mailing Address 11073 CHERRY HILLS AVE. CIRCLE BRADENTON FL 34202 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1148548	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HOFFMAN, CLAUDIA R C/O KELLY & KELLY CPA'S PA 11073 CHERRY HILLS AVE. CIRCLE BRADENTON FL 34202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, CLAUDIA R 11073 CHERRY HILLS AVE. CIRCLE BRADENTON FL 34202		<input type="checkbox"/> Delete
		P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		U00000039557	
		02/09/04-80009-019 150.00	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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: CLAUDIA R. HOFFMAN, PRESIDENT **2/3/04** **941 3589618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #