

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014848

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOFFMAN ASSET MANAGEMENT, INC.

Current Principal Place of Business:

4851 TAMIAMI TRAIL N., STE. 300
NAPLES, FL 34103

New Principal Place of Business:

4851 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

Current Mailing Address:

4851 TAMIAMI TRAIL N., STE. 300
NAPLES, FL 34103

New Mailing Address:

4851 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

FEI Number: 80-0033339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, HARVEY B
4851 TAMIAMI TRAIL N., STE. 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HOFFMAN, HARVEY B
4851 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

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.

SIGNATURE: _____

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFMAN, HARVEY
Address: 216 EDGEEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105

Title: STD () Delete
Name: HOFFMAN, SHARON B
Address: 216 EDGEEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105

Title: C () Delete
Name: HOFFMAN, DAVID S
Address: 11075 PARADELA ST
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY B. HOFFMAN

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date