## **2006 FOR PROFIT CORPORATION ANNUAL REPORT FILED** Mar 01, 2006 08:00 Al Secretary of State DOCUMENT # P03000064379 1. Entity Name GORDON H. HOFFMANN, P.A. Principal Place of Business Mailing Address 17355 SW 8 ST. 17355 SW 8 ST. PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 02152006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2365885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOFFMANN, GORDON H DO NOT WRITE 17355 SW 8 ST. PEMBROKE PINES, FL 33029 IN THIS SPACE 3. 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, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 1100000453148 03/14/06-80008-012 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HOFFMANN, GORDON H STREET ADDRESS 17355 SW 8 ST. CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
indicated of the cor		ure shall have the same legal effect as it ed by Chapter 607, Florida Statutes; and	f made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if 954-
	IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	OR A	Date Daytime Phone #

)irector

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP