2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

12. Thereby certify that the information supplied y indicated on this report or supplemental report of the corporation or the receiver or trislee or

FILED Feb 01, 2008 08:00 AN 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 No Chg-P CR2E034 (11/05) 01112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HOFFMANN, GORDON H STREET ADDRESS 17355 SW 8 ST. CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE - U000000810560 NAME 02/08/08-80069-021 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of including the state of the state of