## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

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DOCUMENT # P03000158109  1. Entity Name LARA M. HOFFMAN, P.A.		09			Sec.	eretary	y of State
452 OSPREY	e of Business / KEY CACH, FL 32233	Mailing Address 452 OSPREY KEY ATLANTIC BEACH, FL 32233					515 <b>30</b> 15 <b>3</b> 1211 <b>03</b> 5 12 12 <b>3</b> 0
DO NOT WRITE IN THIS SPA				03162005 4. FEI Numb 20-086	No Chg-P	CR2E034	
		·	1		of Status Desired		.75 Additional Required
<u> </u>	6. Name and Address of Current Re	ļ					
HOFFMAN, LARA 452 OSPREY KEY ATLANTIC BEACH, FL 32233			DO NOT WRITE IN THIS SPACE				
	named entily submits this statement for the ions of registered agent.	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am famí	lar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	d Agent signature required	when reinstating)	<del></del>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	nding _ \$5.	00 May Be ed to Fees			· · · · · · · · · · · · · · · · · · ·	
10. OFFICERS AND DIRECTORS				M-3' +	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOFFMAN, LARA 452 OSPREY KEY ATLANTIC BEACH, FL 32233				900000 03/17/05-	80053-01 820053	.5 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS G(TY-ST-ZIP				IN '	THIS SP	ACE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the rebeiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or do an attachment with an address, with all other like empowered.

SIGNATURE:

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/ / <u>V</u>

Daytime Phone #