2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000016596

Entity Name: SANCHEZ HOFMANN & ASSOC. CORP

Current Principal Place of Business:

1500 NW 35TH ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5851 NW 197TH TERR
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 11-3786379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, HERCTOR G
5851 NW 197TH TERR
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANCHEZ, HECTOR G
Address: 5851 NW 197TH TERR
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: VP ( ) Delete
Name: MONTALVO, CARMEN I
Address: 9262 BROAD MANOR ROAD
City-St-Zip: MIAMI, FL 33147

Title: O ( ) Delete
Name: SANCHEZ, MARILYN
Address: 434 E 56TH ST
City-St-Zip: HIALEAH, FL 33012

Title: O ( ) Delete
Name: HOFMANN, ADELAIDA
Address: 9911 WEST OKEECHOBEE ROAD # 107
City-St-Zip: HIALEAH, FL 33016

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:

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: HECTOR SANCHEZ P 04/30/2009

Electronic Signature of Signing Officer or Director — Date