


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000041939
 1. Entity Name
HOFCON CORPORATION



Principal Place of Business Mailing Address
821 COLLINS AVENUE **12030 NW 2ND DRIVE**
501 **CORAL SPRINGS, FL 33071** **US**
MIAMI BEACH, FL 33139 **US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0140464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOFFMAN, GLENN S
12030 NW 2ND DRIVE
CORAL SPRINGS, FL 33071

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000003291804
 04/23/08-80041-002 150.00

10. OFFICERS AND DIRECTORS

TITLE P	HOFFMAN, GLENN S 12030 NW 2ND DRIVE CORAL SPRINGS, FL 33071
TITLE VP	HOFFMAN, NANCY S 12030 NW 2ND DRIVE CORAL SPRINGS, FL 33071
TITLE D	REED, THOMAS S 11724 SW 115 TERRACE MIAMI, FL 33186
TITLE NAME	
TITLE NAME	
TITLE NAME	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Doss* **4/8/08** **954.290.6310**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #