
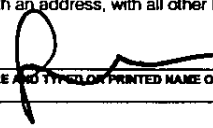


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P06000041939 1. Entity Name HOFCON CORPORATION		
Principal Place of Business 821 COLLINS AVENUE 501 MIAMI BEACH, FL 33139 US	Mailing Address 12030 NW 2ND DRIVE CORAL SPRINGS, FL 33071 US	
DO NOT WRITE IN THIS SPACE		
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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, GLENN S 12030 NW 2ND DRIVE CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, NANCY S 12030 NW 2ND DRIVE CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, THOMAS S 11724 SW 115 TERRACE MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  THOS. 4/8/08 954.290.6310 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01032008 No Chg-P CR2E034 (11/05)

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

0000003291804
04/23/08-80041-002 150.00

**DO NOT WRITE
IN THIS SPACE**