2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000133537

1. Entity Name
HOBER INC.

Principal Place of Business	Mailing Address
581 LOWELL LANE DAVIE, FL 33325	581 LOWELL LANE DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE

03252008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-5767345		Not Applicable
5. Certificate of Status Desired	☒	**$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

HOFMANN, YOLANDA
581 LOWELL LANE
DAVIE, FL 33325

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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

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOFMANN, YOLANDA
STREET ADDRESS	581 LOWELL LANE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VD
NAME	HOFMANN, HANS
STREET ADDRESS	581 LOWELL LANE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Yolanda Hofmann_   03/26/08   (305) 888-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #