

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State


04-12-2004 90676 003 ***150.00

DOCUMENT # P35071	
1. Entity Name M.L. HOFFMAN, INC.	

Principal Place of Business 6590 VIA TRENTO DELRAY BEACH FL 33446-3736	Mailing Address 6590 VIA TRENTO DELRAY BEACH FL 33446-3736
✓ NEW ADDRESS	

2. Principal Place of Business 14671 BONAIRE BLVD.	3. Mailing Address 14671 BONAIRE BLVD.
Suite, Apt. #, etc. #410	Suite, Apt. #, etc. #410
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33446	Country USA

94050740



MOORE CR2E034 (11/03)

4. FEI Number 13-2760739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOFFMAN, MAURICE L. 6590 VIA TRENTO DELRAY BEACH FL 33446	
---	--

7. Name and Address of New Registered Agent Name HOFFMAN, MAURICE L. Street Address (P.O. Box Number is Not Acceptable) 14671 BONAIRE BLVD. APT #410 City DELRAY BEACH FL Zip Code 33446	
---	--

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 *Maurice Hoffman* **MAURICE HOFFMAN, PRES.** **4/9/04**
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	CPT HOFFMAN, MAURICE L. 6590 VIA TRENTO DELRAY BEACH FL 33446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOFFMAN, ROSLYN J. 6590 VIA TRENTO DELRAY BEACH FL 33446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOFFMAN, ROSLYN J. 6590 VIA TRENTO DELRAY BEACH FL 33446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14671 BONAIRE BLVD APT #410 SAME CITY + ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14671 BONAIRE BLVD. APT #410 SAME CITY + ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14671 BONAIRE BLVD. APT #410 SAME CITY + ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Maurice Hoffman* **MAURICE L. HOFFMAN** **4/9/04 (561) 637 3434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #