

**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 Mailing Address  
**6590 VIA TRENTO DELRAY BEACH FL 33446-3736** **6590 VIA TRENTO DELRAY BEACH FL 33446-3736**

**NEW ADDRESS**

**94050740**



MOORE CR2E034 (11/03)

2. Principal Place of Business **14671 BONAIRE BLVD.**  
 Suite, Apt. #, etc. **#410**

3. Mailing Address **14671 BONAIRE BLVD.**  
 Suite, Apt. #, etc. **#410**

City & State **DELRAY BEACH, FL**

Zip **33446** Country **USA**

4. FEI Number **13-2760739** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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.** DATE **4/9/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CPT	<input type="checkbox"/> Delete
NAME	HOFFMAN, MAURICE L.	
STREET ADDRESS	<del>6590 VIA TRENTO</del>	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HOFFMAN, ROSLYN J.	
STREET ADDRESS	<del>6590 VIA TRENTO</del>	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOFFMAN, ROSLYN J.	
STREET ADDRESS	<del>6590 VIA TRENTO</del>	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>14671 BONAIRE BLVD APT #410</b>	
CITY-ST-ZIP	<b>SAME CITY + ZIP</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>14671 BONAIRE BLVD. APT #410</b>	
CITY-ST-ZIP	<b>SAME CITY + ZIP</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<del><b>14671 BONAIRE BLVD. APT #410</b></del>	
CITY-ST-ZIP	<del><b>SAME CITY + ZIP</b></del>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** DATE **4/9/04** (561) 637 3434

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