

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90176 026 ***150.00

DOCUMENT # P93000052676

1. Entity Name
ERH ASSOCIATES, INC.



Principal Place of Business
~~C/O LAURA HOFFMANN~~
~~237 LAFAYETTE ST., 10E~~
~~NEW YORK, NY 10012~~

Mailing Address
~~C/O LAURA HOFFMANN~~
~~237 LAFAYETTE ST., 10E~~
~~NEW YORK, NY 10012~~

2. Principal Place of Business
S/O GRAC REPORT

3. Mailing Address
S/O GRAC REPORT

Suite, Apt. #, etc.
1114 Ave of the Americas

Suite, Apt. #, etc.
1114 Ave of the Americas

City & State
New York, NY

City & State
New York, NY

Zip
10036

Country
USA

Zip
10036

Country
USA

02082005

Chg-P

CR2E034 (10/03)

4. FEI Number
58-2064334

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
HOFFMANN-KOENGE, ERIKA
237 LAFAYETTE ST.
NEW YORK, NY 10012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
HOFFMANN, ALEXANDER
2716 ST LAURENT PL
LA JOLLA, CA 92037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
HOFFMAN, LAURA
237 LAFAYETTE ST
NEW YORK, NY 10012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
HOFFMANN, CORINNA
TORSTRASSE 140
BERLIN, GERMANY, 10119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ 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:

Laura Hoffmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 05

Date

Daytime Phone #