2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000064506

1. Entity Name
SPEAR AND HOFFMAN, P.A.

Principal Place of Business	Mailing Address
708 S DIXIE HWY CORAL GABLES, FL 33146	708 S DIXIE HWY CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0428352	Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMAN, L J
708 S DIXIE HWY
CORAL GABLES, FL 33146

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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_____

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HOFFMAN, L J
STREET ADDRESS	708 S DIXIE HWY
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	
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01/11/06-80029-020 150.00

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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: _____   1/6/06   305 666 7799

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