

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90245 041 ***150.00

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

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

Mailing Address
**708 S DIXIE HWY
 CORAL GABLES, FL 33146**

6000000-



2. Principal Place of Business - No P.O. Box #
9700 S Dixie Hwy

3. Mailing Address
9700 S Dixie Hwy

Suite, Apt. #, etc.
Suite 610

Suite, Apt. #, etc.
Suite 610

01052007 Chg-P CR2E034 (12/06)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0428352

Applied For
 Not Applicable

Zip
33156

Country
Miami-Dade

Zip
33156

Country
Miami-Dade

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**

7. Name and Address of New Registered Agent

Name
L J Hoffman

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

Suite 610, 9700 S Dixie Hwy

City
Miami

FL

Zip Code
33156

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
Suite 610, 9700 S Dixie Hwy
 STREET ADDRESS
Miami FL 33156
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: L J Hoffman

Date: 1/5/07

Daytime Phone #: 305 6702290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR