

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032697

FILED
Apr 20, 2005
Secretary of State

Entity Name: HOFFMANS' CLASSIC CARS AND SERVICE CENTER, INC.

Current Principal Place of Business:

5185 NW 15TH STREET
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5185 NW 15TH STREET
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0827173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALOCZ, ANDRE
8180 MILNER LANE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

SOSNOSKI, WILLIAM E
10058 UMBERLAND PLACE
BOCA RATON, FL 33428 US

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.

SIGNATURE: WILLIAM E SOSNOSKI

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HOFFMAN, HENRY
Address: 2101 BAY DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD (X) Delete
Name: PALOCZ, ANDRE
Address: 8180 MIZNER LN
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: JANKOVA, SILVIE
Address: 8180 MIZNER LANE
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIE JANKOVA

PTSD

04/20/2005

Electronic Signature of Signing Officer or Director

Date