

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # V46891			
1. Entity Name HOFFMAN & MCMILLAN INSURANCE BROKERS, INC.			
Principal Place of Business 8540 SW 133 AVE RD #324 MIAMI, FL 33183 US		Mailing Address PO BOX 831958 MIAMI, FL 33283 US	
DO NOT WRITE IN THIS SPACE			 01062005 No Chg-P CR2E034 (10/03)
			4. FEI Number 65-0343797 Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
VERA, LUIS C. 8540 S.W. 133 AVENUE RD. UNIT 324 MIAMI, FL 33183			DO NOT WRITE 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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		000000181402 01/14/05-80048-008 150.00 DO NOT WRITE IN THIS SPACE
NAME	VERA, LUIS C.		
STREET ADDRESS	8540 S.W. 133 AVE RD. #329		
CITY-ST-ZIP	MIAMI, FL 33183		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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CITY-ST-ZIP			
TITLE			
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:		January 10/2005 (305)332-0231 _____ <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	