

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 371151

Entity Name  
HEN ROGERS, INC.



Principal Place of Business  
3911 SW 47 AVE STE 910  
LAUDERDALE, FL 33314

Mailing Address  
3911 SW 47 AVE STE 910  
FT LAUDERDALE, FL 33314



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1304908 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MORICONI II, JOHN R  
S.W. 9 STREET  
PLANTATION, FL 33317

**DO NOT WRITE  
IN THIS SPACE**

8. 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 obligations of registered agent.

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  
or May 1, 2006 Fee will be \$550.00

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY
P	MORICONI II, JOHN R	5631 S.W. 9 STREET	PLANTATION, FL 33317
VS	MORICONI, IDA G	5620 S. W. 8TH CT	PLANTATION, FL
V	EWERT, MARK A	10780 N.W. 21 STREET	SUNRISE, FL 33322

1100000398306  
01/30/06-80030-008 150.00

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IN THIS SPACE**

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 stated 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 needed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #