


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000000843
 1. Entity Name
 HECNY TRANSPORTATION INC.



Principal Place of Business 150 NORTH HILL DRIVE SUITE 16 BRISBANE, CA 94005 US	Mailing Address 150 NORTH HILL DRIVE SUITE 16 BRISBANE, CA 94005 US
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04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2642692	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
 CARVAJAL, CARLOS
 1904 82ND AVE
 MIAMI, FL 33126

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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)

00/000357256
 05/04/05 00067 010 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEE, CHARLIE C.K. 150 NORTH HILL DRIVE, SUITE 16 BRISBANE, CA 94005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEE, TONY F 150 NORTH HILL DRIVE, SUITE 16 BRISBANE, CA 94005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LEE, TONY F 150 NORTH HILL DRIVE, SUITE 16 BRISBANE, CA 94005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAN, BENSON 150 NORTH HILL DRIVE, SUITE 16 BRISBANE, CA 94005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/2005 Daytime Phone #: 415-468-0600