

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105838

FILED
May 09, 2005
Secretary of State

Entity Name: HEINE MANAGEMENT, INC.

Current Principal Place of Business:

C/O 1645 PALM BEACH LAKES BLVD STE 1200
W PALM BCH, FL 33401

New Principal Place of Business:

6534 ROCK CREEK DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

C/O 1645 PALM BEACH LAKES BLVD STE 1200
W PALM BCH, FL 33401

New Mailing Address:

6534 ROCK CREEK DRIVE
LAKE WORTH, FL 33467

FEI Number: 20-2327727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMOUR II, ALAN I
1645 PALM BCH LAKES BLVD STE 1200
W PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS () Change (X) Addition
Name: HEINE, CHRIS
Address: 6534 ROCK CREEK DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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: CHRIS HEINE

P

05/09/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date