


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

19 FEB. 2007 FILED
Mar 16, 2007 08:00 A
Secretary of State

RECEIVED
FEB 16 2007

DOCUMENT # P99000011721					
1. Entity Name HEINEN & HOPMAN, INC.					
Principal Place of Business 3213 S. ANDREWS AVE. FORT LAUDERDALE FL 33316			Mailing Address 3213 S. ANDREWS AVE. FORT LAUDERDALE FL 33316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0898410	
				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			7. Name and Address of New Registered Agent		
BLOW, RONALD 3211 S. ANDREWS AVE. FORT LAUDERDALE FL 33316			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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>					



1st MOORE CR2E034 (10/06)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	DP HOPMAN, CEES	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3213 S. ANDREWS AVENUE			STREET ADDRESS	000000688667		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			CITY-ST-ZIP	03/27/07-80033-013 150.00		
TITLE NAME	DV HOPMAN, JOEP	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3213 S. ANDREWS AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: J. Hopman C. Hopman 02/17/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #