2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nan	MENT # 671925 HEL ENTERPRISES, INC.			Secretary of State
Principal Place 1402 WURS OCOEF, FL		Mailing Address 8667 AD MAINS RD ORLANDO, FL 32818 US		(INCRESS AND FRONT FRONT FRONT FRONT STORY OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE
C	OO NOT WRITE 6. Name and Address of Current Re		CE	04282005 No Chg-P CR2E034 (10/03) 4. FEI Number
MASIH-DAS, BASMATY 8667 A.D. MIM ROAD ORLANDO, FL 32818			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 Signature, typed or profed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees
10.	OFFICERS AND DI	RECTORS	ľ	
THTLE NAME STREET ADDRESS CITY-ST-0P	PD MASIH-DAS, BASMATY 8667 A.D. MIMS ROAD ORLANDO, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			–	U00000353805 05/03/05-80083-005 150.00
TITLE NAMS STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN THIS SPACE
THILE NAME STREET ADDRESS CHY-S1-Zip				
HTLE NAME STREET ADDRESS			,	
12. I hereby certify that the information supplied with this filling 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 eath, 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				