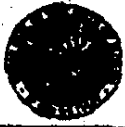


TOTAL P. 01

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000006384			
1. Entity Name HENA, INC			
Principal Place of Business 660 BERRMAN STREET BROOKLYN, NY 11208		Mailing Address C/O KATZ & BLOOM 200 SOUTH SERVICE ROAD # 208 ROSLYN HEIGHTS, NY 11577	
2. Principal Place of Business		3. Mailing Address	
Sute. Apt. #, etc.		Sute. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 11-2231262		Applied For <input type="checkbox"/> 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	
KOPF, DAN 17573 CASHBOURNE LANE BOCA RATON, FL 33486		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: <i>Daniel Kopf</i>		DATE: 4/26/04	
FILE MONTH: FEB IS \$160.00 After May 1, 2004 Fee will be \$850.00		9. Section Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TAUBER, HELMA 6 KINGS DRIVE OLD WESTBURY, NY 11568	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAUBER, SCOTT 37 ORANGE DRIVE JERICHO, NY 11753	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAUBER, LAN R 454 WEST 46TH STREET NEW YORK, NY 10036	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: <i>[Signature]</i>		DATE: 4/26/04 918-272-8237	

94076222



03042004 Chg-P CP2E034 (10/03)