2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Jul 13, 2005 08:00 A			
DOCUMENT # F0200006384 1. Entity Name HENA, INC								of State
660 BERRIN	ce of Business MAN STREET NY 11208	Mailing Address C/O KATZ & BLOOM 200 SOUTH SERVICE ROAD #2 ROSLYN HEIGHTS, NY 11577	208]	Manua Hadis Dadin Manua Hadi	 	18/14 6 18/15 11 11 11 11
		The second se			06302005	No Chg-P	CR2E034 (10	
	OO NOT WRITE.	INE FEIGUS PA	e)EV		4. FEI Numbe 11-223			Applied For Not Applicable
	6. Name and Address of Current Re	gistered Agent			5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Additional equired
	AN ASHBOURNE LANE TON, FL 33496		2		STATE OF THE STATE	NOT W THIS SP	Company of the last of the las	
5. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent. SIGNATURE					agent, or bot	th, in the State of Flo U00000 87/13/05-	rida. I am familiar 372630 80011-009	with, and accept
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent alguature required when reinstating)							DATE	
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financi Trust Fund Contribution.					.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIF	RECTORS		er Part 18			Y SHE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TAUGER, LEONARD 8659 TIERGA LAGO COVE LAKE WORTH, FL 33467							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAUBER, SCOTT 37 ORANGE DRIVE JERICHO, NY 11753							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAUBER, LAN R 454 WEST 46TH STREET NEW YORK, NY 10036				i D(e)	NOTW	ŘITÉ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
						THE COLUMN TWO IS NOT THE OWNER.	Secretary Secretary Secretary	

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 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 ON DIRECTOR

Lan R. Tauber , Sec. Treas.

July 7, 2005 718-272-8237

Daytime Phone #