

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006384

Entity Name: HENA, INC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

660 BERRIMAN STREET
BROOKLYN, NY 11208

New Principal Place of Business:

Current Mailing Address:

C/O KATZ & BLOOM
200 SOUTH SERVICE ROAD #208
ROSLYN HEIGHTS, NY 11577

New Mailing Address:

FEI Number: 11-2231262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPF, DAN
17573 C ASHBOURNE LANE
BOCA RATON, FL 33496 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: TAUBER, LEONARD
Address: 8659 TIERGA LAGO COVE
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: TAUBER, SCOTT
Address: 37 COTTONWOOD LANE
City-St-Zip: WESTBURY, NY 11590

Title: ST () Delete
Name: TAUBER, LAN R
Address: 454 WEST 46TH STREET
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LAURENCE R. BLOOM

CPA

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date