## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F05802

1. Entity Name HENITA, INC.



Principal Place of Business

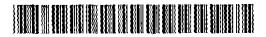
HALLANDALE, FL 33009

1865 S OCEAN DRIVE, APT 10F C/O HENRY SIMON Mailing Address

1865 S OCEAN DRIVE, APT 10F C/O HENRY SIMON

HALLANDALE, FL 33009

## FILED Apr 07, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 03162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2042860

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

SIMON, HENRY 1865 S. OCEAN DRIVE, APT 10F HALLANDALE, FL 33009			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 printed name of registered agent and title it applicable (NOTE Registered Agent signature required when refinatoring)  OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000495569 04/21/06-80015-015 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD SIMON, HENRY 1865 S. OCEAN DRIVE, APT 10F HALLANDALE, FL SD SIMON, ANITA 1865 S. OCEAN DRIVE, APT 10F HALLANDALE, FL	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under cash, that I am an officer or discotor 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

5/06 1954)458-260

Daytime Phone #