2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# H49724

Entity Name: HENFAM INTERNATIONAL, INC.

Current Principal Place of Business:

6940 NW 12 STREET
MIAMI, FL 33126

New Principal Place of Business:

6940 NW 12 STREET
MIAMI, FL 33126 US

Current Mailing Address:

6940 NW 12 STREET
MIAMI, FL 33126

New Mailing Address:

PO BOX 527345
MIAMI, FL 33152 US

FEI Number: 59-2533160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETTY HERNANDEZ
6940 NW 12 STREET
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

HENAO, CARLOS A
6830 SW 94 AVENUE
MIAMI, FL 33173 US

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: CARLOS ARTURO HENAO 04/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: HENAO, CARLOS A.
Address: 6940 NW 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: PST ( ) Delete
Name: HENAO, ASTRID M.
Address: 6940 NW 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: V ( ) Delete
Name: HERNANDEZ, BETTY
Address: 6940 NW 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HERNANDEZ, BETTY M
Address: 6940 NW 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Change ( ) Addition
Name: ESCALONA, ASTRID M
Address: 6940 NW 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: C (X) Change ( ) Addition
Name: ESCALONA, ASTRID M
Address: 6940 NW 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Change (X) Addition
Name: HENAO, CARLOS F
Address: 6940 NW 12 STREET
City-St-Zip: MIAMI, FL 33126

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: ASTRID ESCALONA C 04/06/2009
Electronic Signature of Signing Officer or Director Date