2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M17168

1. Entity Name
HENAN CORPORATION

Principal Place of Business	Mailing Address
8276 N.W. 68 ST MIAMI, FL 33166 US	12731 S.W. 91 ST MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

02152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2546481	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLATNICK, STEVE
10691 N. KENDALL DR.
SUITE 101
MIAMI, FL 33176

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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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

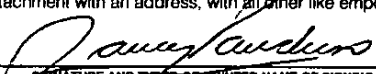| **FILE NOW!!! FEE IS $150.00** **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	PANDURO, ELENA	
STREET ADDRESS	12731 S.W. 91 ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	
NAME	PANDURO, NANCY	
STREET ADDRESS	12731 S.W. 91 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby 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 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: _____ NANCY PANDURO 2/15/07 (305)599-0209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #