## 2008 FOR PROFIT CORPORATION

FILED :00 A tate

ANNUAL REPORT					Mar 14, 2008 08			
DOCUMENT # M17168  1. Entity Name HENAN CORPORATION					Secretary of S			
Principal Place 8276 N.W. 61 MIAMI, FL 33	8 ST	Mailing Address 12731 S.W. 91 ST MIAMI, FL 33186						118
DO NOT WRITE IN THIS SPAC				:	03102008 No Chg-P CR2E034 (11/05)  4. FEI Number			
	6. Name and Address of Current Re	gistered Agent	Τ		J. Odrincate			Fee Required
POLATNICK, STEVE 10691 N. KENDALL DR. SUITE 101 MIAMI, FL 33176							WRIT SPAC	
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 NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			• —		00 May Be ed to Fees			
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	OFFICERS AND DII PD PANDURO, ELENA 12731 S.W. 91 ST. MIAMI, FL VP PANDURO, NANCY 12731 S.W. 91 ST MIAMI, FL 33186	RECTORS				04/0 <b>NOT</b>	00000858: 1708-800 WRIT SPAC	43-006 150.00 E
NAME STREET ADDRESS CITY-ST-ZIP								

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 order like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED MAKE OF EXONING OFFICER OR DIRECTOR

305.599.0204