2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 8:00 am Secretary of State

DOCUMENT # M25155 1. Entity Name HENRY COLE ENTERPRISES, INC.						03-16-2005	90037 0	12 ***150	0.00
Principal Plac 15600 S.W. HOMESTEAD	288TH STREET, SUITE 400	Mailing Address PO BOX 90-0010 HOMESTEAD, FL 33090-0010 US					5	0027	289
2. Principal P	Place of Bysineas.	3. Mailing Address 90 / 40 8							
Suite, Apt.	#, etc. 3	Suite, Apt. #, etc.			03012005	Chg-P	CR2E0	34 (10/03)	
	estead, FL	HomesteAn			4. FEI Numb 59-261			No	plied For t Applicable
3303		<i>3</i> 3090-1408-	- USA			of Status Desired	-	\$8.75 Add Fee Required	
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name						
MARCUS, MICHAEL J 317 NORTH KROME AVENUE HOMESTEAD, FL 33030				Street Address (P.O. Box Number is Not Acceptable)					
:									
	•		City				FL	Zip Code	
	named entity submits this statement for lions of registered agent.	the purpose of changing its	registered office o	r register	ed agent, or bo	oth, in the State of Fl	orida. I am f	amiliar with,	and accept
OIGITATORIE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signal	ture required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont			00 May Be ed to Fees				
10.	OFFICERS AND I		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDLOW, LOUIS A 1850 OLD DIXIE HWY., SUITE B HOMESTEAD, FL 33033	Delete	NAME STREET ADDRESS CITY-ST-ZIP-			0.6	, <u> </u>	☐ Change	Addition •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, HENRY 1850 OLD DIXIE HWY., SUITE B HOMESTEAD, FL 33033	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	(0 18:	le, HEI so old meste	Dixie HO AD, FL .	72022	Change	Addition
TITLE	Yona, Debra	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec	cretas	brai 276 St 0, FL. 33		Change .	Addition-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Cole	TRAS -Webb 5 N.W.		4	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defeie	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address.	true and accurate and that r wered to execute this report	ny signature shall h as required by Cha	ave the s	same legal effec	ct as if made under	oath: that I a	m an officer	or director