


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2005 90037 012 ***150.00

DOCUMENT # M25155

1. Entity Name
 HENRY COLE ENTERPRISES, INC.



Principal Place of Business
 15600 S.W. 288TH STREET, SUITE 400
 HOMESTEAD, FL 33033 US

Mailing Address
 PO BOX 90-0010
 HOMESTEAD, FL 33090-0010 US

50027289



03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1850 Old Dixie Hwy

3. Mailing Address
P.O. Box 901408

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

Zip
33033

Country
USA

Zip
33090-1408

Country
USA

4. FEI Number
 59-2612384

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARCUS, MICHAEL J
 317 NORTH KROME AVENUE
 HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDLOW, LOUIS A 1850 OLD DIXIE HWY., SUITE B HOMESTEAD, FL 33033	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, HENRY 1850 OLD DIXIE HWY., SUITE B HOMESTEAD, FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yonon, Debra	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Cole, Henry (Pres)</i> <i>1850 Old Dixie Hwy</i> <i>HOMESTEAD, FL 33033</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Yonon, Debra</i> <i>16700 SW 276 St.</i> <i>HOMESTEAD, FL 33031</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P./Treasurer/CEO</i> <i>Cole-Webb, MARCIA</i> <i>355 N.W. 22 ST</i> <i>HOMESTEAD, FL 33030</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marcia Cole-Webb V.P./Treas/CEO* Date: *3/15/05* Daytime Phone #: *305-245-6101*

MARCIA Cole-Webb