

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M25155

1. Entity Name
 HENRY COLE ENTERPRISES, INC.



Principal Place of Business
 1850 OLD DIXIE HWY STE B
 HOMESTEAD, FL 33033 US

Mailing Address
 PO BOX 901408
 HOMESTEAD, FL 33090-1408 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	YONON, DEBRA
STREET ADDRESS	16700 SW 276 ST
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	P
NAME	COLE, HENRY
STREET ADDRESS	1850 OLD DIXIE HWY., SUITE B
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	VTCF
NAME	COLE-WEBB, MARCIA
STREET ADDRESS	355 NW 22 ST
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000423983
 02/18/06-80031-020 158.75

DO NOT WRITE IN THIS SPACE

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: *Marcia Cole-Webb* 2/3/06 305245-6101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #