

2005 FOR PROFIT CORPORATION -AMENDED-ANNUAL REPORT

DOCUMENT # P02000120314

1. Entity Name
HIJENY ENTERPRISES, INC.



Principal Place of Business

2025 60TH ST
TAMPA, FL 33619

Mailing Address

2025 60TH ST
TAMPA, FL 33619

2. Principal Place of Business

5959 E. BROADWAY
Suite, Apt. #, etc.
AVENUE

3. Mailing Address

5959 E. BROADWAY
Suite, Apt. #, etc.
AVE.

City & State

TAMPA FLORIDA

City & State

TAMPA, FLORIDA

Zip

33619

Country

USA

Zip

33619

Country

USA

12142005

Chg-P

CR2E034 (10/03)

4. FEI Number

06-1658462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALMONTE, ROLANDO
2025 60TH ST
TAMPA, FL 33619

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALMONTE, ROLANDO ☐ Delete
STREET ADDRESS 2025 60TH ST
CITY-ST-ZIP TAMPA, FL 33619

TITLE STD ☒ Delete
NAME BARNES, MOTKE
STREET ADDRESS P.O. BOX 286968
CITY-ST-ZIP NEW YORK, NY 10128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☐ Change ☒ Addition
NAME JENNIFER ALMONTE
STREET ADDRESS 1321 COOLRIDGE DRIVE
CITY-ST-ZIP BRANDON, FL 33611

TITLE PD ☒ Change ☐ Addition
NAME ALMONTE, ROLANDO
STREET ADDRESS 13313 PREST WICK DRIVE
CITY-ST-ZIP RIVER VIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rolando Almonte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-2005

1/11/05