

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000024515 1. Entity Name HENLO INC.	
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Principal Place of Business 19390 COLLINS AVE SUITE 1419 SUNNY ISLES, FL 33160	Mailing Address 19390 COLLINS AVE SUITE 1419 SUNNY ISLES, FL 33160
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DO NOT WRITE IN THIS SPACE

	
07042005	No Chg-P CR2E034 (10/03)
4. FEI Number 27-0053046	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRUCE, SANDRA L 19390 COLLINS AVE SUITE 1419 SUNNY ISLES, FL 33160

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCE, WILLIAM H 19390 COLLINS AVE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUCE, SANDRA L 19390 COLLINS AVE SUNNY ISLES, FL 33160
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Sandra L Bruce</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>07-01-05</u> Date	<u>(305) 931-9111</u> Daytime Phone #
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