


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90083 002 ***150.00

DOCUMENT # P03000090364

1. Entity Name
HEC HOLDINGS, INC.



Principal Place of Business Mailing Address
3000 NW 125 ST **3000 NW 125 ST**
MIAMI, FL 33169 **MIAMI, FL 33169**

4000000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2222 PONCE DE LEON BLVD **2222 PONCE DE LEON BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
150 **150**

03072007 Chg-P CR2E034 (12/06)

City & State City & State
CORAL GABLES, FL **CORAL GABLES, FL**

4. FEI Number Applied For
20-0215237 Not Applicable

Zip Country Zip Country
33134 **USA** **33134** **USA**

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

6. Name and Address of Current Registered Agent
LEHRMAN, JEFFREY E. ESQ.
2222 PONCE DE LEON BOULEVARD SUITE 500
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LENSI, ALBERTO
STREET ADDRESS	3000 NW 12TH ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENSI ALBERTO
STREET ADDRESS	2222 PONCE DE LEON BLVD # 150
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Alberto Lensi* MGR 3/7/07 (305) 442-6472
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #