2004 FOR PROFIT CORPORATION 2/6/04

FILED

ANN	UAL REPORT	_ Feb 09, 2004 8:00		
DOCUMENT # P0300)0092437		Secretary of Stat	te
1. Entity Name HENBETH, INC.			02-09-2004 90061 029 ***150.0	
Principal Place of Business	Mailing Address	<u> </u>	1	
325 N.E. 3RD AVENUE DELRAY REACH, EL 33444	-325 N.E. 3RD AVENUE DELRAY BEACH, FL 33			
DELKAI DEALD, CL. 33444	BECWI BENCH, IL 3.) 1111		
2. Principal Place of Business	3. Mailing Address	<u> </u>		
JI G 6 V Nax 1 h L	Suite, Apt. #, etc.	AME	01092004 Chg-P CR2E034 (10/03)	
	·		A SELNIUM Applied Fr	or .
BUYNTON BEACH	City & State		41-2(09930 Not Applic	
Zipl Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required	
6. Name and Address of	of Current Registered Agent	Nama	7. Name and Address of New Registered Agent	
PETRILLO, MICHAEL D		Name De-	PETRI-10-MICHAEL	×c- <u>÷</u>
325 N.E. 3RD AVENUE DELRAY BEACH, FL. 33444		Street Address	s (P.O. Box Number is Not Acceptable) **ION TO LAKE DRIVE	
	•			
		City Boy A	ton Beach FL 33436	2
The above named entity submits this s the obligations of registered arent.	tatement for the purpose of champing its	s registered office or registe	tered agent, or both, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE VILLE	you wary	Jen/T	- 1/10/0×	_
Signature, typed or printed name of re	gistered agent and title if applicable. (NO	TE: Registered Agent signfature require	red when reinstating) DATE	
FILE NOW!!! FEE IS \$15	9. Election Campa		5.00 May Be	
After May 1, 2004 Fee will b	CERS AND DIRECTORS	T 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	✓ □ Delete	TITLE D	Change □ Ac	ddition
NAME PETRILLO, PAMELA DI STREET ADDRESS 325 N.E. 3RD AVENUE		NAME STREET ADDRESS	GLY NORTH LAKE DAYS	
CITY-ST-ZIP DELBAY BEACH, FL 3		CITY-ST-ZIP	BOUNTINBEACHFL 334	
TITLE D NAME PETRILLO, MICHAEL I	☐ Delete	TITLE D	RETAILS MICHAE! Schange A	ddition
STREET ADDRESS 325 N.E. 3RD AVENUE	=	STREET ADDRESS 11 0	PETRINO, MICHAEL DRIVE 9UZ NORTH LAKE DRIVE	<i>- 1</i>
CITY-ST-ZIP DELFAY BEACH, FL. 3	33444	CITY-ST-ZIP	130 UNAD N 10 CAUL, 1 C 331	3 <u>C</u>
TITLE NAME	∟ Dekte	NAME	La criminge La cri	UORIG.
STREET ADDRESS:	sa tayota ta	STREET ADORESS	transfer to the second was a second to the second second	
TITLE	☐ Delete	πιε	☐ Change ☐ A	ddition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	Delete	TITLE NAME	☐ Change ☐ A	ddition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ A	Addition
NAME	La Deiete	NAME '	C Change C.A.	NOLEN LINE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
	upplied with this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further certify that the information	tion
indicated on this report or supplement of the corporation of the receiver or the supplement with a	ntal report is true and accurate and that rustee empowered to execute this repo	t my signature shall have the ort as repaired by Chapter 6	Section 119.07(3)(i), Florida Statutes: I furnier certify that he mormal he same legal effect as if made under oath; that I am an officer or dire 607, Florida Statutes; and that my name appears in Block 10 or Block	CIOF
changed, or off an angularich with a	National of the circumstance		= ord . los Al-211072	ı