

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CK # 000  
2/6/04

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90061 029 \*\*\*150.00

<b>DOCUMENT # P03000092437</b>					
<b>1. Entity Name</b> HENBETH, INC.					
<b>Principal Place of Business</b> 325 N.E. 3RD AVENUE DELRAY BEACH, FL 33444			<b>Mailing Address</b> 325 N.E. 3RD AVENUE DELRAY BEACH, FL 33444		
<b>2. Principal Place of Business</b> 11962 North Lake Dr		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Boynton Beach, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 41-2109930	
Zip 33436		Country USA		Zip 33436	
<b>6. Name and Address of Current Registered Agent</b> PETRILLO, MICHAEL D 325 N.E. 3RD AVENUE DELRAY BEACH, FL 33444		<b>7. Name and Address of New Registered Agent</b> Name: <u>DE PETRILLO, MICHAEL</u> Street Address (P.O. Box Number is Not Acceptable): 11962 NORTH LAKE DRIVE City: <u>Boynton Beach</u> <b>FL</b> Zip Code: <u>33436</u>			
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>Scayt</u> <u>1/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETRILLO, PAMELA D 325 N.E. 3RD AVENUE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE PETRILLO, PAMELA 11962 NORTH LAKE DRIVE BOYNTON BEACH FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETRILLO, MICHAEL D 325 N.E. 3RD AVENUE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE PETRILLO, MICHAEL 11962 NORTH LAKE DRIVE BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Scayt</u> <u>1/10/04</u> <u>561-364-0726</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					