

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000108187

1. Entity Name
HENAO V, CORPORATION



FILED

06 OCT 19 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11500 S ORANGE BLOSSOM TRAIL
SUITE 5
ORLANDO, FL 32837 US

Mailing Address
11500 S ORANGE BLOSSOM TRAIL
SUITE 5
ORLANDO, FL 32837 US



2. Principal Place of Business
11500 S ORANGE Blossom Tr
Suite, Apt. #, etc.
#5

3. Mailing Address
Suite, Apt. #, etc.
Same

10092006 Chg-P CR2E034 (11/05)

City & State
Orlando, FL 32837 US

City & State
Orlando, FL 32837 US

City & State
Orlando, FL 32837 US

4. FEI Number
20-5607819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CABRERA, JOSE R
11500 S ORANGE BLOSSOM TRAIL
SUITE 5
ORLANDO, FL 32837

7. Name and Address of New Registered Agent
Name Kelys D. Gonzalez
Street Address P.O. Box Number is Not Acceptable
2521 TEAK CT
Kissimmee
City Kissimmee FL Zip Code 34743

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 Kelys Gonzalez DATE 10-16-06

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABRERA, JOSE R 11500 S.O.B.T. #5 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081302238 10/27/06--01053--021 **\$400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kelys Gonzalez 11500 S.O.B.T. #5 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081302238 10/27/06--01053--021 **\$8.75
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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: [Signature] DATE 10/16/06 DAYTIME PHONE #

2c 10/24