


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90023 011 ***150.00

DOCUMENT # P03000131486 1. Entity Name HENRY'S TRANSFER INC.					
Principal Place of Business 7259 NW 33 ST MIAMI, FL 33122			Mailing Address 7259 NW 33 ST MIAMI, FL 33122		
2. Principal Place of Business 7240 NW 72 Ave Suite, Apt. #, etc.			3. Mailing Address 7240 NW 72 Ave Suite, Apt. #, etc.		
City & State Miami			City & State Miami, FL		
Zip 33122		Country		Zip 33122	
Country		4. FEI Number 05-0591205			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTINEZ, ENRIQUE 7259 NW 33 ST MIAMI, FL 33122			7. Name and Address of New Registered Agent Name Enrique Martinez III Street Address (P.O. Box Number is Not Acceptable) 7240 NW 72 Ave P City Miami FL Zip Code 33122		
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 Enrique Martinez III - Enrique Martinez III DATE 02-17-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MARTINEZ, ENRIQUE STREET ADDRESS 7259 NW 33 ST CITY-ST-ZIP MIAMI, FL 33122	<input checked="" type="checkbox"/> Delete		TITLE DIR NAME Enrique Martinez III STREET ADDRESS 7240 NW 33 St CITY-ST-ZIP Miami, FL 33122	<input type="checkbox"/> Change <input checked="" 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	
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	
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.					
SIGNATURE: Enrique Martinez III - Pro 305-442-4344 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 02/17/04 Daytime Phone #					

94019840



02172004 Chg-P CR2E034 (10/03)