
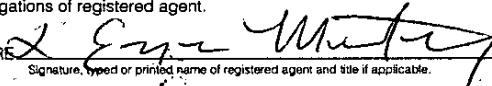
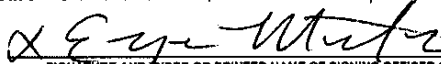


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90004 025 ***150.00

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| DOCUMENT # P03000131486 1. Entity Name HENRY'S TRANSFER INC. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 7240 NW 72 AVE. MIAMI, FL 33122 | | Mailing Address 7240 NW 72 AVE. MIAMI, FL 33122 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 7217 NW 32 ST Suite, Apt. #, etc. | | 3. Mailing Address 7217 NW 32 ST Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Miami, FL | | City & State Miami, FL | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33122 | | Zip 33122 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 05-0591205 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MARTINEZ III, ENRIQUE 7240 NW 72 AVE. MIAMI, FL 33122 | | 7. Name and Address of New Registered Agent Name Martinez III, Enrique Street Address (P.O. Box Number is Not Acceptable) 7217 NW 32 ST. 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  DATE 2/17/06 <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, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">MARTINEZ III, ENRIQUE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7240 NW 33 ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33122</td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | MARTINEZ III, ENRIQUE | | STREET ADDRESS | 7240 NW 33 ST. | | CITY-ST-ZIP | MIAMI, FL 33122 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Martinez III, Enrique</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7217 NW 32 ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Miami, FL 33122</td> </tr> </table> | | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Martinez III, Enrique | | STREET ADDRESS | 7217 NW 32 ST. | | CITY-ST-ZIP | Miami, FL 33122 | |
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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:  | | Date 2/17/06 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |