2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

04-04-2005 90046 001 ***150 00

DOCUMENT # P04000104098						04-04-200)5 90046	001 ***	150.00
1. Entity Name MICHAEL P. HENDERSON ENTERPRISES, INC.									
Principal Place of Business Mailing Address						•			
2701 N W BOCA RATON BLVD 2701 N W BOCA RATON B						0.004.4			
112 112 BOCA RATON, FL 33431 BOCA RATON, FL 3343			21		1	66011	678		
BOOK RATOR, 12 33431							II AN AD W	1 1111 1111 11	
2. Principal P	Mace of Business	3. Mailing Address							
Suite, Apr.	A. A. A. A. ADOVE	Suite Apt. #, etc.	- Come- AS ALONC			Chg-P	CR2E00	34 (10/03)	
City & Stat	HIV I	City & State			4. FEI Num	²⁶ 1364	727) No	oplied For of Applicable
·Zip	Country	Zip	Countr	γ 	5. Certificat	e of Status Desired		\$8.75 Add Fee Require	titional d
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
HENDERSON, MICHAEL P				Name					
2701 NW BOCA RATON BLVD 112				Street Address (P.O. Box Number is Not Acce			θ)	,	
BOCA RATON, FL 33431			-	City		•		Zip Cod	
9 Ti - I	-1-00-1						FL	1	
8. The above named entity submiss trisstatement 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.									
14/16/1									
SIGNATURE Signature, typed or purited name of registered agent and other applicable. (NOTE: Registered Agent signature required when reinstailing) OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Ba Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	HECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
ITTLE	P Delete III							☐ Change	☐ Addition
NAME Street address	HENDERSON, MICHAEL P 2701 NW BOCA RATON BLVD STE 112			T ADDRESS					,
CITY-ST-ZIP				ST-21P					
TITLE	Defects 117							Change	Addition
NAME Street address			NAME	ADORESS					~}
CITY-SI-ZIP			1	1 AUGHESS 51-ZIP					
TITLE			TITLE				·	Change	Addition
NAME	HAM							_ •	_
STREET ADDRESS City-St-Zip			STREET CITY-S	T ADDRESS ST-21P					•
TITLE		☐ Detete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS	•			ADORESS					
CITY-ST-ZIP TITLE		☐ Delete	CITY-S	or-ar					
NAME		ET Delets	HAME	1				Change	☐ Addition
STREET ADDRESS				ADORESS					
CITY-S1-ZEP			CITY-S	F-72P					
TITLE NAME	·	☐ Delete	TITLE NAME	Ì	•			Change	Addition
STREET ADDRESS				ADDRESS]
City-ST-ZIP			CITY-S						
12. I hereby certify that the information supplied with this filling 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 trusted end 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 foodless, with all other like empowered.									
SIGNATURE: 3/30/85 561-8 26-08/5 SIGNATURE SIGNATURE POPE OR PRINTED NAME OF BIGNAND OFFICER OR DIRECTOR 3/30/85 561-8 26-08/5									
SIGNATURE AND TYPED OR PRINTED MAME OF BIGNING OFFICER OR DIRECTOR Day									