2007 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2007 8:00 am
Secretary of State
05-01-2007 90037 040 ***150.00

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1. Entity Name
HENDRY COUNTY I CORPORATION

Principal Place of Business	Mailing Address
1600 SAWGRASS CORP PKWY SUITE 300 ~~FORT LAUDERDALE~~, FL 33323	1600 SAWGRASS CORP PKWY SUITE 300 ~~FORT LAUDERDALE~~, FL 33323

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip / Country	Zip / Country

4. FEI Number: 20-1500188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANT, MARK G 200 E BROWARD BLVD STE 1500 FT LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	DP EZRATTI, ITZHAK ~~1401 UNIVERSITY DR #200~~ ~~CORAL SPRINGS, FL 33071~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS FANT, ALAN J ~~1401 UNIVERSITY DR #200~~ ~~CORAL SPRINGS, FL 33071~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS FANT, ALAN J. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT COSTELLO, RICHARD A 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NORWALK, RICHARD M ~~1401 UNIVERSITY DR #200~~ ~~CORAL SPRINGS, FL 33071~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NORWALK, RICHARD M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ MENENDEZ, N MARIA ~~1401 UNIVERSITY DR #200~~ ~~POMPANO BEACH, FL 33071~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORBAN, PAUL 1401 UNIVERSITY DR #200 POMPANO BEACH, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	☒ Change ☐ Addition

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: _____ N. MARIA MENENDEZ, VICE PRESIDENT 4/27/07 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #