2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065804

Address:

City-St-Zip:

8312 NW 8TH TERRACE

BOCA RATON, FL 33487

FILED Apr 19, 2009 Secretary of State

Entity Name: HEN-MAR GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 8312 NW 8TH TERRACE BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 8312 NW 8TH TERRACE BOCA RATON, FL 33487 FEI Number: 35-2343430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. MAX, HENRY A PD 1840 SW 22ND ST. 8312 NW8TERRACE 4TH FLOOR US BOCA RATON, FL 33487 MIAMI, FL 33145 US 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. SIGNATURE: HENRY A. MAX 04/19/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MAX, HENRY A Name: Name: 8312 NW 8TH TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: LIONE, HENRY V Name: 8312 NW 8TH TERRACE Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition LIONE, MARGARET Name: Name: 8312 NW 8TH TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: () Change () Addition MAX, AUDRY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HENRY A. MAX PD 04/19/2009