

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000062609

1. Entity Name
HENRI'S APARTMENTS INC.



Principal Place of Business
**ONE TROPICAL DR
OCEAN RIDGE FL 33435
US**

Mailing Address
**2740 CARDINAL CIRCLE
GULF STREAM FL 33483**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0693042** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**GARELLEK, STEVEN
700 S FEDERAL HWY
SUITE 200
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	STD HARTUNG, DAGMAR 2740 CARDINAL CIRCLE GULF STREAM FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HARTUNG, JENS 2740 CARDINAL CIRCLE GULF STREAM FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000431673 02/23/06-80038-002 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *D. Hartung* **DAGMAR HARTUNG** 02/10/06 561-276-033