

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90017 028 ***150.00

DOCUMENT # P97000100354

1. Entity Name
HENRY'S NEON, INC.



Principal Place of Business
**742 N W 76TH AVE
MIAMI, FL 33126**

Mailing Address
**742 N W 76TH AVE
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #
9300 NW 13 STREET

3. Mailing Address
9300 NW 13 STREET

Suite, Apt. #, etc.
BAY # 1

Suite, Apt. #, etc.
BAY # 1

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33172

Country
USA

Zip
33172

Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0807848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTIZ, LILIANA
10325 SW 141ST CT.
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

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

**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

TITLE **VS** ☐ Delete
NAME **ORTIZ, LIBIA**
STREET ADDRESS **16382 SW 75 ST**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **PT** ☐ Delete
NAME **ORTIZ, LILIANA**
STREET ADDRESS **10325 SW 141 ST**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Liliana Ortiz **LILIANA ORTIZ** 02/19/07 (305) 436-5114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #