## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## May 09, 2007 8:00 am Secretary of State DOCUMENT # P97000105625 1. Entity Name 05-09-2007 90101 013 \*\*\*150.00 HENCAR, INC. Principal Place of Business Mailing Address 200 S.E. FIRST STREET STE 600 200 S.E. FIRST STREET STE 600 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0816228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLFF, HENRY E.JR WOLFF, HENRY E 200 S.E. FIRST STREET Street Address (P.O. Box Number is Not Acceptable) 200 SE 1st STREET, SUITE 600 **STE 600** MIAMI: FL 33131 Zin Code 33131 MIAMI 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete 1011 ■ Addition WOLFF, HENRY E NAME NAME C\O 200 SE 1ST STREET 600 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY ST 7IP CITY - ST-ZIP DVP DP 11106 ☐ Defete 100 X Change Addition WOLFF, HENRY E JR NAME NAME 200 SE 1st STREET, SUITE 600 C\O 200 SE 1ST STREET 600 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** MIAMI, FL 33131 CHY-ST-ZIP CITY-ST-ZIP 71117 **Addition** ☐ Change Delete NAME NAME CAROL W. ELLIS STREET ADDRESS STREET ADDRESS 200 SE 1st STREET, SUITE 600 CITY-ST-ZIP CITY - ST - ZIP MIAMI, FL 33131 ☐ Change ☐ Addition Delete HILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-71P Delete Addition NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP CITY - ST- ZIP 12. I hereby cortify 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.

MEDION BRINTED NAME OF SIGN BUT ON EICE ROR DIRECTOR

**FILED**