

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90169 026 ***150.00

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|--|---|---|---|---|---|
| DOCUMENT # P97000105625 1. Entity Name HENCAR, INC. | | | | | |
| Principal Place of Business 200 S.E. FIRST STREET STE 600 MIAMI, FL 33131 US | | | Mailing Address 200 S.E. FIRST STREET STE 600 MIAMI, FL 33131 US | | |
| 2. Principal Place of Business - No P.O. Box # 5500 Collins Avenue | | 3. Mailing Address 5500 Collins Avenue | | | |
| Suite, Apt. #, etc. Unit 1003 | | Suite, Apt. #, etc. Unit 1003 | | | |
| City & State Miami Beach, FL | | City & State Miami Beach, FL | | 4. FEI Number 65-0816228 | |
| Zip 33140 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WOLFF, HENRY E JR 200 S.E. FIRST STREET STE 600 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5500 Collins Avenue Unit 1003 City Miami Beach FL Zip Code 33140 | | | |
| 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, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WOLFF, HENRY E JR 200 SE 1ST STREET STE 600 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5500 Collins Avenue, Unit 1003 Miami Beach, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ELLIS, CAROL W 200 SE 1ST STREET STE 600 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5500 Collins Avenue, Unit 1003 Miami Beach, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Henry E Wolff, Jr., President</u> Date <u>April 25, 2008</u> Daytime Phone # <u>305-378-3435</u> | | | | | |