


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000049484	
1. Entity Name HENG, INC	

Principal Place of Business 1033 CEDAR FALLS DRIVE FT LAUDERDALE, FL 33327	Mailing Address 1033 CEDAR FALLS DRIVE FT LAUDERDALE, FL 33327
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THERATHANAKORN, WICHAI 1033 CEDAR FALLS DRIVE FT LAUDERDALE, FL 33327

DO NOT WRITE IN THIS SPACE

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 re-appointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THERATHANAKORN, WICHAI 1033 CEDAR FALLS DRIVE FT LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOMPOONICH, PUCHONG EDDY 11803 NW 13 STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



01242006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0841968	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

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02/21/06-80072-009 150.00

FB87/06 *954 384 2319*