

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001089
1. Entity Name
HECNY BROKERAGE SERVICES, INC.



Principal Place of Business Mailing Address
150 NORTH HILL DRIVE, STE. 16 150 NORTH HILL DRIVE, STE. 16
BRISBANE, CA 94005 BRISBANE, CA 94005



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2288131 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARVAJAL, CARLOS
1904 N.W. 82ND AVENUE
MIAMI, FL 33126

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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 _____ U00000357258
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/04/05-80067-019 150.00 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	LEE, TONY F
STREET ADDRESS	150 NORTH HILL DRIVE, STE. 16
CITY - ST - ZIP	BRISBANE, CA 94005
TITLE	VP
NAME	SOPKO, MADELINE
STREET ADDRESS	150 NORTH HILL DRIVE, STE. 16
CITY - ST - ZIP	BRISBANE, CA 94005
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ 4/29/2005 415 468 0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #