

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F04000001089

1. Entity Name
 HECNY BROKERAGE SERVICES, INC.



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

Mailing Address
 150 NORTH HILL DRIVE, STE. 16
 BRISBANE, CA 94005



04122007 No Chg-P CR2E034 (11/05)

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

JARAMILLO, MANUEL
 1904 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 _____ (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

U00000749615
 05/18/07-80029-003 150.00

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 | |
| 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 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: TONY F. LEE, PRESIDENT **4/20/07** **415 468-0600**

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