

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000481

**Entity Name:** HENERGY FOR DISABILITIES, INC.**Current Principal Place of Business:**690 S.W. 1ST CT., #307  
MIAMI, FL 33130**Current Mailing Address:**690 S.W. 1ST CT., #307  
MIAMI, FL 33130 US**FEI Number:** 38-3989613**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, SHERMAN  
90 ALMERIA AVE.  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:** THOMAS G SHERMAN

05/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name FIGUCCIO, ANTHONY  
Address 690 S.W. 1ST CT., #307  
City-State-Zip: MIAMI FL 33130

Title D/VP  
Name BEREZINA, KRISTINA  
Address 690 S.W. 1ST CT., #307  
City-State-Zip: MIAMI FL 33130

Title DT  
Name MARTINEZ, JOSE ERNESTO  
Address 690 S.W. 1ST CT., #307  
City-State-Zip: MIAMI FL 33130

Title DS  
Name EVELYNE, GIORGETTI  
Address 690 S.W. 1ST CT., #307  
City-State-Zip: MIAMI FL 33130

Title D  
Name ALINCOURT, AURELIE  
Address 690 S.W. 1ST CT., #307  
City-State-Zip: MIAMI FL 33130

Title OFFICER  
Name ATTARD, YVES  
Address 690 S.W. 1ST CT., #307  
City-State-Zip: MIAMI FL 33130

Title OFFICER  
Name COTILLARD, LAETITIA  
Address 690 SW 1 ST COURT  
307  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY FIGUCCIO

PRESIDENT

05/03/2019

Electronic Signature of Signing Officer/Director Detail

Date