2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N1600000481

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

Name and Address of Current Registered Agent:

THOMAS, SHERMAN 90 ALMERIA AVE. CORAL GABLES, FL 33134 US Certificate of Status Desired: Yes

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			05/20/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D/P	Title	D/VP	
Name	FIGUCCIO, ANTHONY	Name	BEREZINA, KRISTINA	
Address	690 S.W. 1ST CT., #307	Address	690 S.W. 1ST CT., #307	
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130	
Title	DT	Title	DS	
Name	MARTINEZ, JOSE ERNESTO	Name	EVELYNE, GIORGETTI	
Address	690 S.W. 1ST CT., #307	Address	690 S.W. 1ST CT., #307	
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130	
Title	D	Title	OFFICER	
Name	ALINCOURT, AURELIE	Name	ATTARD, YVES	
Address	690 S.W. 1ST CT., #307	Address	690 S.W. 1ST CT., #307	
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130	
Title	OFFICER			
Name	BELBEY, MAURICE			
Address	690 SW 1 ST COURT 307			

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.

City-State-Zip: MIAMI FL 33130

OWNER

05/20/2019 Date

Electronic Signature of Signing Officer/Director Detail

FILED May 20, 2019 Secretary of State 8373329981CC