

2018 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

03/11/2018

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	GAITA, GEORGETA
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

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

03/11/2018

Electronic Signature of Signing Officer/Director Detail

Date