2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001205

Apr 29, 2005 Secretary of State

Entity Name: ESTHER'S GROUP HOME CORPORATION

Current Principal Place of Business: New Principal Place of Business: 20115 N.E. 20TH AVE N. MIAMI BEACH, FL 33179 **Current Mailing Address: New Mailing Address:** 20115 N.E. 20TH AVE N. MIAMI BEACH, FL 33179 FEI Number: 65-1090901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELVA, ESTHER 20115 N.E. 20TH AVE N. MIAMI BEACH, FL 33179 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FRAZIL, MYRIAM Name: Name: 170 NE 163 STREET Address: Address: City-St-Zip: N MIAMI, FL 33162 City-St-Zip: Title: Title: () Change () Addition () Delete Name: ROY, JEAN Name: Address: 170 NE 163 STREET Address: City-St-Zip: NORTH MIAMI, FL 33162 City-St-Zip: Title: () Delete Title: () Change () Addition DELVA, ESTHER Name: Name: Address: **88 NW 144 STREET** Address: City-St-Zip: N MIAMI, FL 33168 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROY, ZABULON Name: 20115 HIGHLAND LAKES BLVD Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 US City-St-Zip: Title: () Delete Title: () Change () Addition MONIQUE, ROY Name: Name: 20115 HIGHLAND LAKES BLVD Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 US City-St-Zip: Title: () Delete Title: () Change () Addition DINAH, ANTOINE Name: Name: Address: 20115 HIGHLAND LAKES BLVD Address: NORTH MIAMI BECH, FL 33179 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ESTHER DELVA P 04/29/2005