

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90053 041 ***150.00

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1. Entity Name
EHSA PROPERTIES GROUP, INC.



Principal Place of Business
1000 S. POINTE DR
305
MIAMI BEACH, FL 33139

Mailing Address
1000 S. POINTE DR
305
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1104379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, SILVIA
1000 S. POINTE DR #305
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, ELISA H
STREET ADDRESS 2830 S.W. 22ND AVENUE
CITY-ST-ZIP MIAMI, FL 33133

TITLE SD
NAME ALVAREZ, SILVIA
STREET ADDRESS 1000 S. POINTE DR #305
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/08

Date

305-588-0677

Daytime Phone #