

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133145

FILED
Apr 30, 2006
Secretary of State

Entity Name: ESTHER LOUISE COMMUNITY MENTAL HEALTH CENTER INC.

Current Principal Place of Business:

9505-07-09 N.W. 27 AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

901 N.W. 63 STREET
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-0127595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGER-ELISE, LOUISE CEO
7710 PLANTATION BLVD.
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAFRANCE, JACQUES
Address: 9505-07-09 N.W. 27 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: LCSW () Delete
Name: SMITH, MAGALY
Address: 9505-07-09 N.W. 27 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: TRE. () Delete
Name: ELISE, ROMAIN
Address: 9505-07-09 N.W. 27 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: SEC. () Delete
Name: ZERON, DILICIA
Address: 9505-07-09 N.W. 27 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: ACC () Delete
Name: JOSE, THOMAS
Address: 9505-07-09 N.W. 27 AVENUE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMAIN ELISE

TRE

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date