

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000089470

1. Entity Name
EHS EQUITY HOLDINGS, INC.



Principal Place of Business
9100 S. DADELAND BLVD.
SUITE 1250
MIAMI, FL 33156

Mailing Address
9100 S. DADELAND BLVD.
SUITE 1250
MIAMI, FL 33156



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0969818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARUNCHO, JOSEPH L
9100 S. DADELAND BLVD.
SUITE 1250
MIAMI, FL 33156

**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	PSD
NAME	CARUNCHO, JOSEPH L
STREET ADDRESS	16840 SW 82 AVE.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	FERNANDEZ, ORLANDO L JR
STREET ADDRESS	411 SW 22 ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	POZO, JUSTO L
STREET ADDRESS	13255 OLD CUTLER RD
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80052-004 150.00

**DO NOT WRITE
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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Justo L. Pozo, Director

3/27/08

305-670-8440

Date

Daytime Phone