

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747624

**Entity Name:** CENTER FOR FINANCIAL TRAINING INTERNATIONAL, INC.  
(CFTINTL)

**FILED**  
**Apr 06, 2021**  
**Secretary of State**  
**0879420074CC**

**Current Principal Place of Business:**

245 NE 4TH ST  
ROOM 3704-10  
MIAMI, FL 33132

**Current Mailing Address:**

245 NE 4TH ST  
ROOM 3704-10  
MIAMI, FL 33132 US

**FEI Number: 59-1293887**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAGUNA, CONNIE  
245 NE 4TH ST ROOM 3704-10  
MIAMI, FL 33132 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

**Officer/Director Detail :**

Title CEO  
Name LAGUNA, CONNIE  
Address 245 NE 4TH ST  
ROOM 3704-10  
City-State-Zip: MIAMI FL 33132

Title CHAIRMAN  
Name REED, GLADYS  
Address 2159 CORAL WAY  
City-State-Zip: MIAMI FL 33143

Title DIRECTOR  
Name VELASCO, ISRAEL REG. EX  
Address 7900 MIAMI LAKES  
City-State-Zip: MIAMI LAKES FL 33016

Title PRESIDENT, DIRECTOR  
Name PINO, PABLO MARKET PRESIDENT  
Address 255 ALHAMBRA CIRCLE  
2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33143

Title VC  
Name CUETO, JOSE  
Address 777 SW 37TH AVENUE  
City-State-Zip: MIAMI FL 33135

*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: CONNIE LAGUNA**

**CEO**

**04/06/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date