

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009017

**Entity Name:** C.O.B.R.A., PARENTS' INC.**Current Principal Place of Business:**22701 SW 88TH PLACE UNIT 302  
CUTLER BAY, FL 33190**Current Mailing Address:**22701 SW 88TH PLACE UNIT 302  
CUTLER BAY, FL 33190 US**FEI Number:** 13-4221726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EGUILIOR, JENNIFER  
22701 SW 88TH PLACE  
UNIT 302  
CUTLER BAY, FL 33190 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:** JENNIFER EGUILIOR**03/06/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CORRESPONDING SECRETARY  
**Name** HUMBERTO, PEREZ  
**Address** 7745 SW 17TH STREET  
**City-State-Zip:** MIAMI FL 33155**Title** DIRECTOR, SPECIAL PROJECTS  
**Name** SAMANTHA, MURPHY  
**Address** 6262 SW 50TH TERR  
**City-State-Zip:** MIAMI FL 33155**Title** PRESIDENT  
**Name** EGUILIOR, JENNIFER  
**Address** 8520 SW 185TH TERRACE  
**City-State-Zip:** CUTLER BAY FL 33157**Title** DIRECTOR, COLOR GUARD  
**Name** FERNANDEZ, SLIVIA  
**Address** 10310 SW 51ST STREET  
**City-State-Zip:** MIAMI FL 33165**Title** TREASURER  
**Name** GRAVIER, DENISE  
**Address** 3195 SW 25TH TERRACE  
**City-State-Zip:** MIAMI FL 33133

*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:** JENNIFER EGUILIOR**PRESIDENT****03/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date