

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005908

**Entity Name:** COMMUNITY SERVICE OUTREACH, INC.

**Current Principal Place of Business:**

9249 SW 169 PASSAGE  
MIAMI, FL 33196

**Current Mailing Address:**

9249 SW 169 PASSAGE  
MIAMI, FL 33196

**FEI Number: 20-0119684**

**Certificate of Status Desired: No**

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

MARTINEZ, OSCAR SR  
9249 SW 169 PASSAGE  
MIAMI , FL 33196 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 VD  
Name MARTINEZ, ANA M  
Address 9249 SW 169 PASSAGE  
City-State-Zip: MIAMI FL 33196

Title PRESIDENT  
Name MARTINEZ, OSCAR  
Address 9249 SW 169 PASSAGE  
City-State-Zip: MIAMI FL 33196

Title SECRETARY  
Name MARTINEZ, SASHA M  
Address 9249 SW 169 PASSAGE  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name ROBLEDO, FRANCISCO J  
Address 11348 NW 56 ST  
City-State-Zip: MIAMI FL 33178

Title DIRECTOR  
Name LOPEZ, HERMAN  
Address 16413 SW 84 ST  
City-State-Zip: MIAMI FL 33193

*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: OSCAR MARTINEZ**

**VD**

**05/01/2019**

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

\_\_\_\_\_  
Date