

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004629

**Entity Name:** BLESSED MANTLE FOUNDATION INC.

**Current Principal Place of Business:**

2093 SW 1 ST  
MIAMI, FL 33135

**Current Mailing Address:**

2093 SW 1 ST  
MIAMI, FL 33135 US

**FEI Number: 06-1725038**

**Certificate of Status Desired: No**

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

FUERTE, ALEJANDRO J  
2093 SW 1 ST  
MIAMI, FL 33135 US

**FILED**  
**May 08, 2023**  
**Secretary of State**  
**4820469769CC**

*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            PRESIDENT, FOUNDER, CEO  
Name            FUERTE, ALEJANDRO J  
Address        2093 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title            VP  
Name            MENA, YAQUELIN  
Address        2093 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title            COO, CHIEF OF SECURITY  
Name            AGUIAR, WILLIAMS  
Address        2093 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title            SECRETARY  
Name            MOREJON SARDINAS, MELANIE  
Address        20450 SW 122ND PLACE  
City-State-Zip: MIAMI FL 33177

Title            TREASURER  
Name            VEGA GONZALEZ, RODRIGO ARIEL  
Address        2258 NUTHATCH STREET  
City-State-Zip: ST CLOUD FL 34771

Title            DIRECTOR OF INTERNATIONAL  
RELATIONS  
Name            GONZALEZ, MARCELO  
Address        823 JEFFERSON AVENUE  
APT. #3  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR OF SPECIAL EVENTS  
Name            ROMERO, ARNEY  
Address        19261 NW 47TH CL  
City-State-Zip: MIAMI FL 33055

Title            DIRECTOR OF CULTURE AND  
DESIGNS  
Name            CAMACHO, MARIA ISABEL  
Address        823 JEFFERSON AVENUE  
APT #3  
City-State-Zip: MIAMI BEACH FL 33139

**Continues on page 2**

*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: ALEJANDRO J. FUERTE**

**PRESIDENT/CEO**

**05/08/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GONZALEZ NAVARRO, LAURA FRANCISCA  
Address 2258 NUTHATCH STREET  
City-State-Zip: ST CLOUD FL 34771

Title DIRECTOR  
Name VALENZUELA OLAVE, SABASTIAN  
ENRIQUE  
Address 3400 NW 135TH STREET  
City-State-Zip: MIAMI FL 33054