

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004629

**FILED**  
**May 25, 2018**  
**Secretary of State**  
**CC0373457032**

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

**Current Principal Place of Business:**

4634 NW 27 AVE  
MIAMI, FL 33142

**Current Mailing Address:**

4634 NW 27 AVE  
MIAMI, FL 33142 US

**FEI Number: 06-1725038**

**Certificate of Status Desired: No**

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

FUERTE, ALEJANDRO J  
2350  
8 ST  
MIAMI, FL 33135 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            PRESIDENT, CEO  
Name            FUERTE, ALEJANDRO J  
Address        17500 N BAY ROAD  
                  S405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            GUERRA, JOSE LUIS SR.  
Address        317 SW 8 ST  
                  209  
City-State-Zip: MIAMI FL 33135

Title            TREASURER  
Name            EVELYN, DIAZ ROSALES  
Address        17500 N BAY ROAD  
                  S405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            INTERNATIONAL DIRECTOR  
Name            LETICIA, DIAZ ROSALES  
Address        WALKESTRASSE, 26  
City-State-Zip: ZURICH WINTERTHUR 8400

Title            DIRECTOR  
Name            AVRAHAN, YOSEF SR.  
Address        285 NW 27 AVE  
City-State-Zip: MIAMI FL 33125

Title            DIRECTOR  
Name            MENA, YAQUELIN  
Address        285 NW 27 AVE  
City-State-Zip: MIAMI FL 33125

Title            DIRECTOR  
Name            PEREZ, JAVIER SR.  
Address        285 NW 27 AVE #24  
City-State-Zip: MIAMI FL 33125

Title            DIRECTOR  
Name            LOPEZ, LISANDRA  
Address        3170 SW 8 ST B209  
City-State-Zip: MIAMI FL 33135

**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 FUERTE**

**PRESIDENT**

**05/25/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name POLO, ORLANDO LAZARO SR.  
Address 285 NW 27 AVE  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name PAEZ, MECHY  
Address 285 NW 27 AVE  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name RODRIGUEZ, YUNIOR  
Address 285 NW 27 AVE  
City-State-Zip: MIAMI FL 33125