

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

DOCUMENT# N05000011152

**Entity Name:** OCTAVIO FELINE FOUNDATION, CORP.**Current Principal Place of Business:**8880 SW 8TH ST  
MIAMI, FL 33144**Current Mailing Address:**P.O. BOX 440738  
MIAMI, FL 33144 US**FEI Number:** 20-3756400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALLES, SILVIA M  
8880 SW 8TH ST  
MIAMI, FL 33144 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	P
Name	VALLES, SILVIA M
Address	8880 SW 8TH ST
City-State-Zip:	MIAMI FL 33144

Title	VP
Name	BASTERRECHEA, MABEL
Address	8880 SW 8TH ST
City-State-Zip:	MIAMI FL 33144

Title	TREASURER
Name	VALLES, SILVIA M
Address	8880 SW 8TH ST
City-State-Zip:	MIAMI FL 33144

Title	VETERINARY DIRECTOR
Name	ABALLI, OLGA DR.
Address	3240 NW 7TH ST
City-State-Zip:	MIAMI FL 33125

Title	PUBLIC RELATIONS COORDINATOR
Name	PAPAZIAN, MARIA
Address	8880 SW 8TH ST
City-State-Zip:	MIAMI FL 33144

*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:** SILVIA M. VALLES**PRESIDENT/FOUNDER****01/11/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date