

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011586

Entity Name: RAICES DE ESPERANZA INC.**Current Principal Place of Business:**420 LINCOLN ROAD
SUITE 348
MIAMI BEACH, FL 33139**Current Mailing Address:**420 LINCOLN ROAD
SUITE 348
MIAMI BEACH, FL 33139**FEI Number:** 20-3801097**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOAS, RAUL
420 LINCOLN ROAD
SUITE 348
MIAMI BEACH, FL 33139 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	CHAIRMAN
Name	JIMENEZ, JOSE A
Address	420 LINCOLN ROAD, SUITE 348
City-State-Zip:	MIAMI BEACH FL 33139

Title	TRUSTEE
Name	GUEITS, CHRISTOPHER
Address	420 LINCOLN ROAD, SUITE 348
City-State-Zip:	MIAMI BEACH FL 33139

Title	TRUSTEE
Name	BUZNEGO, ALEXANDER
Address	420 LINCOLN ROAD, SUITE 348
City-State-Zip:	MIAMI BEACH FL 33139

Title	TRUSTEE
Name	RODRIGUEZ, SISSI
Address	420 LINCOLN ROAD, SUITE 348
City-State-Zip:	MIAMI BEACH FL 33139

Title	TRUSTEE
Name	SINKOVITZ, KENNETH
Address	420 LINCOLN ROAD, SUITE 348
City-State-Zip:	MIAMI BEACH FL 33139

Title	TRUSTEE, TREASURER
Name	MOAS, RAUL
Address	420 LINCOLN ROAD
City-State-Zip:	MIAMI BEACH FL 33139

Title	TRUSTEE
Name	GORORDO, LEONARDO F
Address	420 LINCOLN ROAD SUITE 348
City-State-Zip:	MIAMI BEACH FL 33139

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: RAUL MOAS

TRUSTEE

01/09/2014

Electronic Signature of Signing Officer/Director Detail_____
Date