SIGNATURE: WANDA FINNIE

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

DIETZ, MATTHEW 2990 SW 35 AVE MIAMI, FL 33133 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

Officer/Director Detail :

Officer/Director Detail :					
Title	CHAIRMAN	Title	ED		
Name	LANGER, SHARON	Name	FINNIE, WANDA		
Address	446 MAJORCA AVE	Address	2990 SW 35TH AVE SUITE 2		
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33133		
Title	VC	Title	VC		
Name	FEIGELES, JULIE	Name	LAMPEN, SUSAN		
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2		
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133		
Title	SECRETARY	Title	VC		
Name	LUKACS, MARYANNE	Name	REISMAN, MARCIA		
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2		
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133		
Title	DIRECTOR	Title	MEMBER-AT-LARGE		
Name	HELLIWELL, ANNE	Name	KRIEGER, DIANE		
Address	SUITE 2	Address	2990 SW 35 AVE SUITE 2		
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133		

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

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600003801

Entity Name: CASA VALENTINA, INC.

Current Principal Place of Business:

2990 SW 35 AVE SUITE 2 MIAMI, FL 33133

Current Mailing Address:

2990 SW 35 AVE SUITE 2 MIAMI, FL 33133 US

FEI Number: 20-4647939

Name and Address of Current Registered Agent:

Continues on page 2

Date

FILED Jan 20, 2017 Secretary of State CC3920558076

Certificate of Status Desired: Yes

Date

Officer/Director Detail Continued :

STAFFORD, CYNTHIA

2990 SW 35 AVE SUITE 2

City-State-Zip: MIAMI FL 33133

Name Address

Title	MEMBER-AT-LARGE	Title	DIRECTOR
Name	VILLARAOS, ADRIAN	Name	SCHEJOLA AKIN, LISA
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR	Title	DIRECTOR
Name	ALTFIELD, WILLIAM	Name	BENITEZ, OLIVER
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR	Title	DIRECTOR
Name	EVANS, CELIA	Name	HAUSMANN, LYNN
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR	Title	DIRECTOR
Name	MAGID, DEBORAH	Name	MELLEN-MARTINEZ, KATIE
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR	Title	DIRECTOR
Name	MEYERS, JOYCE	Name	PAREKH, ANNA
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR	Title	DIRECTOR
Name	SAYFIE, NUSHIN	Name	SPIELER, GREGG
Address	2990 SW 35 AVE SUITE 2	Address	2990 SW 35 AVE SUITE 2
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR		