

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003801

**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**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**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

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name LANGER, SHARON  
Address 446 MAJORCA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title ED  
Name FINNIE, WANDA  
Address 2990 SW 35TH AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title VC  
Name FEIGELES, JULIE  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title VC  
Name LAMPEN, SUSAN  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title SECRETARY  
Name LUKACS, MARYANNE  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title VC  
Name REISMAN, MARCIA  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name HELLIWELL, ANNE  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title MEMBER-AT-LARGE  
Name KRIEGER, DIANE  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

**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:** WANDA FINNIE

ED

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEMBER-AT-LARGE  
Name VILLARAOS, ADRIAN  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name ALTFIELD, WILLIAM  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name EVANS, CELIA  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name MAGID, DEBORAH  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name MEYERS, JOYCE  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name SAYFIE, NUSHIN  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name STAFFORD, CYNTHIA  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name SCHEJOLA AKIN, LISA  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name BENITEZ, OLIVER  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name HAUSMANN, LYNN  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name MELLEN-MARTINEZ, KATIE  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name PAREKH, ANNA  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name SPIELER, GREGG  
Address 2990 SW 35 AVE  
SUITE 2  
City-State-Zip: MIAMI FL 33133