

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001396

**Entity Name:** LIFE BRIDGES ORG, INC.**Current Principal Place of Business:**4851 NW 79 AVENUE SUITE #5  
DORAL, FL 33166**Current Mailing Address:**2432 SW 128 AVE  
MIAMI, FL 33175 US**FEI Number:** 20-8312486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTERO, AMARILYS G  
1401 W FLAGLER ST  
APT # 505  
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 D  
Name ROMERO, FRANK  
Address 2432 SW 128TH AVE  
City-State-Zip: MIAMI FL 33175

Title D  
Name MONTERO, AMARILYS G  
Address 1401 W FLAGLER ST APT # 505  
City-State-Zip: MIAMI FL 33135

Title D  
Name ORELLANA, HERBERT  
Address 13071 SW 9TH PLACE, DAVIE,  
FL.33325  
City-State-Zip: DAVIE FL 33325

Title D  
Name FERNANDEZ, NELSON A DR.  
Address 203 SW 7TH TERRACE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title D  
Name RIVERO, JUAN  
Address 2439 HAYBROOK LANE  
City-State-Zip: CHARLOTTE NC 28262

Title DIRECTOR  
Name NICIEZA, MARIA LORENA  
Address 126 E 47TH ST  
City-State-Zip: HIALEAH FL 33013

Title DIRECTOR  
Name ALVAREZ, ROGER  
Address 5503 NW 184 TERRACE  
City-State-Zip: MIAMI GARDENS FL 33055

*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: FRANK ROMERO****DIRECTOR****03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date