

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008750

**Entity Name:** LA CATEDRAL DE FE, INC.

**Current Principal Place of Business:**

8346 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33166

**Current Mailing Address:**

2794 WEST 71 PL  
HIALEAH, FL 33016 US

**FEI Number: 27-0886250**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FORTE, MARIANO  
2794 WEST 71PL  
HIALEAH, FL 33016 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            PRESIDENT  
Name            FORTE, MARIANO  
Address        2794 WEST 71PL  
City-State-Zip: HIALEAH FL 33016

Title            VP, SECRETARY  
Name            FORTE, MARIA  
Address        2794 WEST 71PL  
City-State-Zip: HIALEAH FL 33016

Title            TREASURER  
Name            MATO, NESTOR  
Address        13389 SW 283 STREET  
City-State-Zip: HOMESTEAD FL 33033

Title            DIRECTOR  
Name            RAMIREZ, ENRIQUE  
Address        15515 MIAMI LAKE WAY #105  
City-State-Zip: MIAMI LAKES FL 33164

Title            DIRECTOR  
Name            ZALDIVAR, EDWARD  
Address        8346 NW SOUTH RIVER DRIVE  
City-State-Zip: MEDLEY FL 33166

*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: MARIANO FORTE**

**PRESIDENT**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date