

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

DOCUMENT# N10000004556

**Entity Name:** SANTANA ADVOCACY SERVICES, INC.

**Current Principal Place of Business:**

5540 NW 183 NW 183 ST  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

5540 NW 183 NW 183 ST  
MIAMI GARDENS, FL 33055 US

**FEI Number:** 27-2629119

**Certificate of Status Desired:** No

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

SANTANA-MININO, ELSA Y  
1361 31 STREET SW  
NAPLES, FL 34117 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 P  
Name BLOISE, MIGUELINA  
Address 5540 NW 183 NW 183 ST  
City-State-Zip: MIAMI GARDENS FL 33055

Title ADMINISTRATOR  
Name RODRIGUEZ, YOCASTA  
Address 6810 PARK ST.  
City-State-Zip: HOLLYWOOD FL 33024

Title ADMINISTRATOR ASSISTANT  
Name MININO, JOAQUIN  
Address 6810 PARK ST.  
City-State-Zip: HOLLYWOOD FL 33024

Title VP  
Name BLOISE, CAROLYN  
Address 7820 NW 7 ST.  
101  
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER  
Name GUILIANI, JACKMIELI  
Address 1691 PINETREE LANE  
City-State-Zip: PEMBROKE PINES FL 33026

Title SECRETARY  
Name MININO, CHARLIE  
Address 1671 PINETREE LANE  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** MIGUELINA BLOISE

**PRESEDENT**

**01/10/2014**

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

\_\_\_\_\_  
Date