

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008785

Entity Name: CONGREGACION MAJANAYIM, INC.**Current Principal Place of Business:**9165 FONTAINEBLEAU BLVD #8
MIAMI, FL 33172**Current Mailing Address:**P.O.BOX 523021
MIAMI, FL 33152**FEI Number:** 27-3729262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUSSAN, BELARMINO
9165 FONTAINEBLEAU BLVD #8
MIAMI, FL 33172 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	PD
Name	DUSSAN, BELARMINO
Address	9165 FONTAINEBLEAU BLVD #8
City-State-Zip:	MIAMI FL 33172

Title	VPD
Name	DUSSAN, PIEDAD
Address	9165 FONTAINEBLEAU
City-State-Zip:	MIAMI FL 33172

Title	TD
Name	CASTRILLO, CARLOS C
Address	9165 FONTAINEBLEAU BLVD #8
City-State-Zip:	MIAMI FL 33172

Title	SD
Name	FIGUEROA, JUAN CARLOS SR.
Address	15212 SW 112 PLACE
City-State-Zip:	MIAMI FL 33157

Title	D
Name	HERNANDEZ, ELKIN
Address	P.BOX 523021
City-State-Zip:	MIAMI FL 33152

Title	D
Name	MORALES, MARGARITA M
Address	9950 NW 27 ST
City-State-Zip:	MIAMI FL 33172

Title	ASST. SECRETARY
Name	SALBARREY, MARIA ISABEL
Address	30324 SW 154 CT.
City-State-Zip:	HOMESTEAD FL 33023

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: BELARMINO B DUSSAN

PD

02/26/2016

Electronic Signature of Signing Officer/Director Detail_____
Date