

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007314

**Entity Name:** GLORY HOUSE OF MIAMI, INC.

**Current Principal Place of Business:**

3606 SW 60 COURT  
MIAMI, FL 33155

**Current Mailing Address:**

3606 SW 60 COURT  
MIAMI, FL 33155

**FEI Number: 45-2947872**

**Certificate of Status Desired: No**

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

RAFAEL E. SOSA, P.A.  
3971 SW 8 STREET  
SUITE 305  
MIAMI, FL 33134 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 DIRECTOR  
Name LARA, BEATRIZ  
Address 3606 SW 60 COURT  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name LEONE, VALLI  
Address 364 KING AVENUE  
City-State-Zip: KEY LARGO FL 33037

Title CHAIRMAN  
Name VADIA, MARIA  
Address 4714 SW 67 AVENUE  
UNIT C-11  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name ALVAREZ, SUSANA  
Address 3606 SW 60 COURT  
City-State-Zip: MIAMI FL 33155

Title CFO  
Name COLON, MARIA  
Address 3606 SW 60 COURT  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name CASTRO, ALFREDO  
Address 3606 SW 60 COURT  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name LEONE, DESIREE  
Address 3606 SW 60 COURT  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name RAMIREZ, VERONICA  
Address 3606 SW 60 COURT  
City-State-Zip: MIAMI FL 33155

*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: BEATRIZ LARA**

**DIRECTOR**

**05/01/2018**

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

\_\_\_\_\_  
Date