

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001158

Entity Name: DAYS OF GLORY, INC.**Current Principal Place of Business:**4714 SW 67 AVE, #C-11
MIAMI, FL 33155**Current Mailing Address:**4714 SW 67 AVE, #C-11
MIAMI, FL 33155**FEI Number:** 45-5620978**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VADIA, MARIA
4714 SW 67 AVE, #C-11
MIAMI, FL 33155 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	VADIA, MARIA
Address	4714 SW 67 AVE, #C-11
City-State-Zip:	MIAMI FL 33155

Title	VP
Name	SANTI, PRISCILLA
Address	42257 W RUMMY RD
City-State-Zip:	MARICOPA AZ 85238

Title	S
Name	BEATO, CRISTINA
Address	5031 MAGGIORE ST
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	DI LORENZO, TOM FATHER
Address	C/O HOLY ROSARY CHURCH-993 SHIRLEY ST
City-State-Zip:	WINTHROP MA 02152

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

Title	DIRECTOR
Name	BROWN , FLOREDENIS
Address	14130 SW 151 CT.
City-State-Zip:	MIAMI FL 33196

Title	T
Name	MURRAY, YVONNE
Address	18374 N CELIS ST
City-State-Zip:	MARICOPA AZ 85138

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: MARIA VADIA**PRESIDENT****03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date