

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009744

**Entity Name:** CASA DE ISRAEL YARAH, INC.**Current Principal Place of Business:**6311 US HWY 17-92 NORTH  
DAVENPORT, FL 33896**Current Mailing Address:**PO BOX 862  
LOUGHMAN, FL 33858 US**FEI Number:** 46-1173661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, LINEL  
6311 US HWY 17-92 NORTH  
DAVENPORT, FL 33896 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:** LINEL RODRIGUEZ

04/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PAREDES, GABRIEL  
Address PO BOX 862  
City-State-Zip: LOUGHMAN FL 33858

Title VPTD  
Name RODRIGUEZ, LINEL  
Address PO BOX 862  
City-State-Zip: LOUGHMAN FL 33858

Title SECRETARY  
Name PEREZ DE MARTIN, KARINA  
Address PO BOX 862  
City-State-Zip: LOUGHMAN FL 33858

Title BOARD MEMBER  
Name NIEVA, MARIANO  
Address PO BOX 862  
City-State-Zip: LOUGHMAN FL 33858

Title BOARD MEMBER  
Name MARTIN, CHRISTIAN  
Address PO BOX 862  
City-State-Zip: LOUGHMAN FL 33858

Title BOARD MEMBER  
Name CORCHADO VARGAS , WILFREDO  
Address P O BOX 862  
City-State-Zip: LOUGHMAN FL 33896

Title BOARD MEMBER  
Name RODRIGUEZ , SYLKIA  
Address PO BOX 862  
City-State-Zip: LOUGHMAN FL 33858

Title BOARD MEMBER  
Name REYES, CARLOS  
Address PO BOX 862  
City-State-Zip: LOUGHMAN FL 33858

*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:** LINEL RODRIGUEZ

VPTD

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date