

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

DOCUMENT# N13000004760

**Entity Name:** DOWNTOWN NEIGHBORS ALLIANCE, INC.

**FILED**  
**Jul 14, 2014**  
**Secretary of State**  
**CC4117887629**

**Current Principal Place of Business:**

ROSA M DE LA CAMARA, ESQ.  
121 ALHAMBRA PLAZA, 10TH FL  
CORAL GABLES, FL 33134

**Current Mailing Address:**

ROSA M DE LA CAMARA, ESQ.  
121 ALHAMBRA PLAZA, 10TH FL  
CORAL GABLES, FL 33134

**FEI Number: 47-1315285**

**Certificate of Status Desired: Yes**

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

DE LA CAMARA, ROSA M ESQ  
121 ALHAMBRA PLAZA, 10TH FL  
CORAL GABLES, 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            PRESIDENT  
Name            LAGOA, DALIA  
Address        121 ALHAMBRA PLAZA, 10TH FL  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            PINA, DAVID  
Address        121 ALHAMBRA PLAZA, 10TH FL  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            PISANA, PASQUALE  
Address        121 ALHAMBRA PLAZA, 10TH FL  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            BENOSH, ITAI  
Address        121 ALHAMBRA PLAZA, 10TH FL  
City-State-Zip: CORAL GABLES FL 33134

Title            EXECUTIVE DIRECTOR  
Name            JAIN, AVRA  
Address        121 ALHAMBRA PLAZA, 10TH FL  
City-State-Zip: CORAL GABLES FL 33134

Title            EXECUTIVE DIRECTOR  
Name            STERN, RUTH  
Address        121 ALHAMBRA PLAZA, 10TH FL  
City-State-Zip: CORAL GABLES FL 33134

*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: ITAI BENOSH**

**TREASURER**

**07/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date