

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005693

Entity Name: STANDARDS OF EXCELLENCE, INC.**Current Principal Place of Business:**1110 SESAME ST
APT 1
OPA LOCKA, FL 33054**Current Mailing Address:**P.O. BOX 693322
MIAMI, FL 33269 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIFFIN, DIANE C
1110 SESAME ST
APT 1
OPA LOCKA, FL 33054 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 PCEO
Name GRIFFIN, DIANE C
Address P.O. BOX 693322
City-State-Zip: MIAMI FL 33269Title D
Name HUMPHREY, CELESTE
Address P.O. BOX 693322
City-State-Zip: MIAMI FL 33269Title D
Name GILBERT, GEORGIA
Address P.O. BOX 693322
City-State-Zip: MIAMI FL 33269Title D
Name CHUKWURAH, JORDAN
Address P.O. BOX 693322
City-State-Zip: MIAMI FL 33269Title STD
Name LOVETTE, BARBARA REV
Address P.O. BOX 693322
City-State-Zip: MIAMI FL 33269

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: DIANE C GRIFFIN

PCEO

03/12/2019

Electronic Signature of Signing Officer/Director Detail_____
Date