

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002066

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC4368129903**

**Entity Name:** ACE 4 MILK FOUNDATION INC

**Current Principal Place of Business:**

4100 NORTH MIAMI AVENUE  
2ND FLOOR  
MIAMI, FL 33127

**Current Mailing Address:**

4100 NORTH MIAMI AVENUE  
2ND FLOOR  
MIAMI, FL 33127 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

LOPEZ, CAMILO A  
4100 NORTH MIAMI AVENUE  
2ND FLOOR  
MIAMI, FL 33127 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 LOPEZ, CAMILO A  
Address 4100 NORTH MIAMI AVENUE 2ND FLOOR  
City-State-Zip: MIAMI FL 33127

Title VP  
Name LOPEZ, VALENTINA  
Address 4100 NORTH MIAMI AVENUE 2ND FLOOR  
City-State-Zip: MIAMI FL 33127

Title D  
Name ESCOBAR, JORGE  
Address 4100 NORTH MIAMI AVENUE 2ND FLOOR  
City-State-Zip: MIAMI FL 33127

*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:** CAMILO LOPEZ

P

02/26/2015

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

Date