**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 07, 2024**
**Secretary of State**
**3047081555CC**

DOCUMENT# N14000006794

**Entity Name:** HUMANITARY GROUP INC.

**Current Principal Place of Business:**

15701 WOODSHED PL
TAMPA, FL 33624

**Current Mailing Address:**

15701 WOODSHED PL
TAMPA, FL 33624

**FEI Number: 47-1392327**

**Certificate of Status Desired:** No

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

REYES RIVAS, ANIBERKA A
15701 WOODSHED PL
TAMPA, FL 33624 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: ANIBERKA REYES RIVAS 03/07/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

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|---|---|
| Title | P |
| Name | REYES RIVAS, ANIBERKA A |
| Address | 15701 WOODSHED PL |
| City-State-Zip: | TAMPA FL 33624 |

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|---|---|
| Title | VP |
| Name | MEDINA REYES, ALONDRA JAMILETH |
| Address | 15701 WOODSHED PL |
| City-State-Zip: | TAMPA FL 33624 |

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|---|---|
| Title | TREASURER |
| Name | HARRELL, PALOMA |
| Address | 7215 FIRESIDE DRIVE |
| City-State-Zip: | PORT RICHEY FL 34668 |

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|---|---|
| Title | SECRETARY |
| Name | MARTINEZ, DAYANNARA |
| Address | 4319 FOXGLEN LANE |
| City-State-Zip: | TAMPA FL 33624 |

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|---|---|
| Title | MANAGING DIRECTOR |
| Name | JIMENEZ GONZALEZ, YOSELIN ALTAGRACIA |
| Address | CALLE DUARTE #98 VILLA PROGRESO |
| City-State-Zip: | VERAGUA ESPAILLAT |

| | |
|---|---|
| Title | EXECUTIVE DIRECTOR |
| Name | VILORIO MARTINEZ, VICTOR |
| Address | TRIESTER STRASSE 8020 |
| City-State-Zip: | GRAZ |

| | |
|---|---|
| Title | DIRECTOR OF ACTIVITIES |
| Name | MEDINA-REYES, RANDY B |
| Address | 15701 WOODSHED PL |
| City-State-Zip: | TAMPA FL 33624 |

*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: ANIBERKA REYES RIVAS PRESIDENT 03/07/2024

Electronic Signature of Signing Officer/Director Detail — Date