

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007959

**Entity Name:** CAVE SOLUTIONS INSTITUTE, INC.

**Current Principal Place of Business:**

1172 S. DIXIE HWY., #206  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 S. DIXIE HWY., #206  
CORAL GABLES, FL 33146

**FEI Number:** 47-2171799

**Certificate of Status Desired:** Yes

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

ESPINOZA-ALGUERA, MARIA-CRISTINA  
1172 S. DIXIE HWY., #206  
CORAL GABLES, FL 33146 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 ESPINOZA-ALGUERA, MARIA-CRISTINA  
Address 1172 S. DIXIE HWY., #206  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name MILLER, LYNN H  
Address 9570 DOUGHERTY AVE.  
City-State-Zip: MORGAN HILL CA 95037

Title D  
Name MARTINEZ, EDGAR S  
Address 6810 S.W. 119TH ST.  
City-State-Zip: MIAMI FL 33156

*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:** MARIA-CRISTINA ESPINOZA-ALGUERA

**PRESIDENT**

**02/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date