

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010302

**Entity Name:** FUNDACION VIDA, INC

**Current Principal Place of Business:**

201 S. BISCAYNE BLVD., STE 905  
MIAMI, FL 33131

**Current Mailing Address:**

201 S. BISCAYNE BLVD., STE 905  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FERNANDO M. SOCAL, PA  
201 S BISCAYNE BLV  
STE 905  
MIAMI, FL 33131 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 PD  
Name RIZO PINEDA, CECILIA  
Address 201 S. BISCAYNE BLVD., STE 905  
City-State-Zip: MIAMI FL 33131

Title VPD  
Name ADREANI RIZO, PATRICIA  
Address 201 S. BISCAYNE BLVD., STE 905  
City-State-Zip: MIAMI FL 33131

Title D  
Name ADREANI, IVAN  
Address 201 S. BISCAYNE BLVD., STE 905  
City-State-Zip: MIAMI FL 33131

*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:** PATRICIA ADREANI RIZO

**VICE PRESIDENT**

**05/10/2022**

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

\_\_\_\_\_  
Date