

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010341

Entity Name: LITTLE HAVANA SOCIAL SERVICES, INC.**Current Principal Place of Business:**700 S.W. 8TH STREET
MIAMI, FL 33130**Current Mailing Address:**700 S.W. 8TH STREET
MIAMI, FL 33130 US**FEI Number:** 47-3665350**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**IGLESIAS, RAFAEL
700 SW 8TH STREET
MIAMI, FL 33130 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	DIRECTOR
Name	DE VELASCO, ELISA
Address	700 S.W. 8TH STREET
City-State-Zip:	MIAMI FL 33130

Title	VCD
Name	DEL VALLE, MARIO L
Address	700 S.W. 8TH STREET
City-State-Zip:	MIAMI FL 33130

Title	CHAIRMAN, OFFICER
Name	MARRERO, MANUEL
Address	700 S.W. 8TH STREET
City-State-Zip:	MIAMI FL 33130

Title	SD
Name	BORGES, LUIS
Address	700 S.W. 8TH STREET
City-State-Zip:	MIAMI FL 33130

Title	PRESIDENT, CEO
Name	IGLESIAS, RAFAEL
Address	700 SW 8TH STREET
City-State-Zip:	MIAMI FL 33130

Title	TREASURER
Name	MADARIAGA, LOURDES M
Address	700 S.W. 8 STREET
City-State-Zip:	MIAMI FL 33130

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: RAFAEL IGLESIAS**PRESIDENT****03/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date