

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004893

**Entity Name:** COMITE DE APOYO A LAS DAMAS DE BLANCO LAURA POLLAN, INC.

**FILED**  
**May 11, 2016**  
**Secretary of State**  
**CC8926818966**

**Current Principal Place of Business:**

5735 SW 4 STREET  
MIAMI, FL 33144

**Current Mailing Address:**

5735 SW 4 STREET  
MIAMI, FL 33144 US

**FEI Number: 27-2302073**

**Certificate of Status Desired: Yes**

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

LOPEZ, JOSEFA  
5735 SW 4 STREET  
MIAMI, FL 33144 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, JOSEFA  
Address 5735 SW 4 STREET  
City-State-Zip: MIAMI FL 33144

Title VP  
Name GARCIA, ALEJANDRINA  
Address 5735 SW 4 STREET  
City-State-Zip: MIAMI FL 33144

Title ED  
Name JEREZ, MATILDE  
Address 5735 SW 4 STREET  
City-State-Zip: MIAMI FL 33144

Title D  
Name PRIETO, CLARA L  
Address 5735 SW 4 STREET  
City-State-Zip: MIAMI FL 33144

*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: JOSEFA LOPEZ

PRESIDENT

05/11/2016

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

\_\_\_\_\_  
Date