

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009870

**Entity Name:** 4WARD MIAMI, INC.

**Current Principal Place of Business:**

421 NE 51 STREET  
MIAMI, FL 33137

**Current Mailing Address:**

421 NE 51 STREET  
MIAMI, FL 33137 US

**FEI Number:** 47-4438607

**Certificate of Status Desired:** No

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

REGISTERED CORPORATE SERVICES LLC  
421 NE 51 STREET  
MIAMI, FL 33137 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:** REGISTERED CORPORATE SERVICES LLC

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name PARDO, DAMIAN  
Address 421 NE 51 STREET  
City-State-Zip: MIAMI FL 33137

Title D  
Name ANDREWS, GEORGE  
Address 782 NE 75TH STREET  
City-State-Zip: MIAMI FL 33138

Title D  
Name DUBERLI, FRANCESCO  
Address 1111 BRICKELL BAY DRIVE  
PH3301  
City-State-Zip: MIAMI FL 33131

Title D  
Name CASANAS, JONATHAN  
Address 520 NE 20TH STREET  
#1005  
City-State-Zip: WILTON MANORS FL 33305

Title D  
Name MCKNIGHT, CORY  
Address 7128 INDIAN CREEK DRIVE  
9  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name RAMOS, ALYSSA  
Address 10875 SW 28TH STREET  
City-State-Zip: MIAMI FL 33165

Title D  
Name ORDONEZ, GRECIA  
Address 669 PUBLIC STREET  
City-State-Zip: PROVIDENCE RI 02907

Title D  
Name ROMAN, MICHAEL  
Address 334 NE 86 STREET  
City-State-Zip: MIAMI FL 33138

**Continues on page 2**

*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:** DAMIAN PARDO

CHAIR

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name AVILA, WILL  
Address 18905 SW 128 CT  
City-State-Zip: MIAMI FL 33177

Title D  
Name MENA, NICHOLE  
Address 18905 SW 128 CT  
City-State-Zip: MIAMI FL 33177

Title D  
Name JIMENEZ, ROSS  
Address 10321 SW 119TH STREET  
City-State-Zip: MIAMI FL 33176