Entity Name: MIAMI-DADE AND MONROE COUNTIES FAMILY FRIENDLY HANDS, INC.
Current Principal Place of Business:
9010 S.W. 137 AVE., STE. 204 MIAMI, FL 33186
Current Mailing Address:
9010 S.W. 137 AVE., STE. 204 MIAMI, FL 33186 US

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FEI Number: 81-1082745

DOCUMENT# N1600000305

Name and Address of Current Registered Agent:

WERMUTH PANELL & ORTIZ, PLLC 1989 NW 88TH CT SUITE 101 DORAL, FL 33172 US

Certificate of Status Desired: No

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

The above named	d entity submits this statement for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Flo	orida.	
SIGNATURE: ELI PANELL					
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	FOUNDER/CEO	Title	CHAIRMAN		
Name	CLARKE, ELSA	Name	SOSA, GINA		
Address	9010 SW 137 AVE, SUITE 204	Address	9010 SW 137 AVE, SUITE 204		
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186		
Title	CO-CHAIRMAN	Title	TREASURER		
Name	PINEYRO, RAFAEL	Name	FELPETO, JOSE		
Address	9010 SW 137 AVE, SUITE 204	Address	9010 SW 137 AVE, SUITE 204		
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186		
Title	SECRETARY	Title	DIRECTOR		
Name	VICH, DIANE	Name	CEVALLOS, CHRISTIAN		
Address	9010 SW 137 AVE, SUITE 204	Address	9010 SW 137 AVE, SUITE 204		
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186		
Title	DIRECTOR	Title	DIRECTOR		
Name	CASTILLEJO, CARLA	Name	PANELL, ELI		
Address	9010 SW 137 AVE, SUITE 204	Address	9010 SW 137 AVE, SUITE 204		
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186		
		Continues	Continuos on nago 2		

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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: ELI PANELL

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MEDINA HALLECK, FEDRA	Name	COLANGELO, PATRICIA
Address	9010 SW 137 AVE, SUITE 204	Address	9010 SW 137 AVE, SUITE 204
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186