

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007825

Entity Name: GIVE TO HEAL FOUNDATION, INC.

Current Principal Place of Business:

300 SOUTH POINTE DRIVE
APT. 802
MIAMI BEACH, FL 33139

Current Mailing Address:

300 SOUTH POINTE DRIVE
APT. 802
MIAMI BEACH, FL 33139 US

FEI Number: 82-2384386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLOGNA, STEFANIA ESQ.
150 SE 2ND AVENUE, SUITE 1010
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 DP
Name MAGGIONI, ALESSANDRA
Address 1172 S. DIXIE HIGHWAY SUITE #275
City-State-Zip: CORAL GABLES FL 33146

Title DV
Name HASKETT, TERESITA
Address 100 SE 2ND STREET, SUITE #3800
City-State-Zip: MIAMI FL 33131

Title DS
Name CAPOFERRO, RAFFAELE
Address 400 SOUTH POINTE DR.
APT. 407
City-State-Zip: MIAMI BEACH FL 33139

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: MAGGIONI , ALESSANDRA

DP

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date