

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002574

**Entity Name:** MI CAJITA DE ESPERANZA CORP

**FILED**  
**Mar 11, 2020**  
**Secretary of State**  
**4289210592CC**

**Current Principal Place of Business:**

344 HAWTHORN HILLS PLACE  
101  
ORLANDO, FL 32835

**Current Mailing Address:**

344 HAWTHORNE HILLS PLACE  
101  
ORLANDO, FL 32835 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

MUNOZ, CARMEN  
344 HAWTHORNE HILLS PLACE  
101  
ORLANDO, FL 32835 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 MUNOZ, CARMEN  
Address 344 HAWTHORNE HILLS PLACE  
101  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name GONZALEZ, WILBERTO  
Address 344 HAWTHORNE HILLS PLACE  
101  
City-State-Zip: ORLANDO FL 32835

Title T  
Name RODRIGUEZ, LEONEL  
Address 344 HAWTHORNE HILLS PLACE  
101  
City-State-Zip: ORLANDO FL 32835

Title S  
Name GONZALEZ, NATALIA  
Address 344 HAWTHORNE HILLS PLACE  
101  
City-State-Zip: ORLANDO FL 32835

Title AR  
Name GONZALEZ, GABRIEL  
Address 344 HAWTHORNE HILLS PLACE  
101  
City-State-Zip: ORLANDO FL 32835

*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: CARMEN MUNOZ**

**PRESIDENT**

**03/11/2020**

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

\_\_\_\_\_  
Date