

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000007651

**Entity Name:** DIALOGO MATRIMONIAL MDS USA, INC**Current Principal Place of Business:**11403 BAMBOO ORCHID CT.  
RIVERVIEW, FL 33578**Current Mailing Address:**11403 BAMBOO ORCHID CT.  
RIVERVIEW, FL 33578 US**FEI Number: 84-2538844****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CASTRO, LUZ D  
11403 BAMBOO ORCHID CT.  
RIVERVIEW, FL 33578 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	CASTRO, LUZ D
Address	11403 BAMBOO ORCHID CT.
City-State-Zip:	RIVERVIE FL 33578

Title	T
Name	NEVAREZ, MIGUEL A
Address	11107 LARK LANDING CT.
City-State-Zip:	RIVERVIEW FL 33569

Title	S.
Name	PARRILLA, JOSE' C
Address	2017 CATTLEMAN DR.
City-State-Zip:	BRANDON FL 33511

Title	O
Name	REZA, JORGE
Address	437 SAN LORENZO CT
City-State-Zip:	BRADENTON FL 34208

Title	VP
Name	CASTRO, ELIX A
Address	11403 BAMBOO ORCHID CT.
City-State-Zip:	RIVERVIEW FL 33578

Title	O.
Name	ZAMBRANO, MANUEL
Address	4770 WHISPERING WIND AVE.
City-State-Zip:	TAMPA FL 33614

Title	O
Name	SALAZAR, NESTOR F
Address	1713 ERIN BROOKE DR.
City-State-Zip:	VALRICO FL 33594

Title	O
Name	CERVIN, MARIANO
Address	2512 THORNBROOK PL
City-State-Zip:	TAMPA FL 33618

**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: PARRILLA, JOSE' C.****SECRETARY****03/17/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	O
Name	BETANCOURT, ADRIANA
Address	1647 SAND HOLLOW LN
City-State-Zip:	VALRICO FL 33594