

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

DOCUMENT# N21000006955

**Entity Name:** IMMIGRATION DEFENSE BAR ASSOCIATION, INC.**Current Principal Place of Business:**2828 CORAL WAY, SUITE 540  
MIAMI, FL 33145**Current Mailing Address:**2828 CORAL WAY, SUITE 540  
MIAMI, FL 33145 US**FEI Number:** 87-1139858**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JUAN CARLOS GOMEZ  
2828 CORAL WAY, SUITE 540  
MIAMI, FL 33145 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 D  
Name ANA MARIA CANDELA  
Address 2730 SW 3RD AVE, SUITE 501  
City-State-Zip: MIAMI FL 33129

Title CHAIRMAN, DIRECTOR  
Name GOMEZ, JUAN C  
Address 2828 CORAL WAY, SUITE 540  
City-State-Zip: MIAMI FL 33145

Title D  
Name ORTIZ, MICHELLE  
Address 6355 NW 36TH STREET, SUITE 2201  
City-State-Zip: MIAMI FL 33166

Title D  
Name PRADA, MARK A.  
Address 3191 CORAL WAY,  
SUITE 500  
City-State-Zip: MIAMI FL 33145

Title VICE CHAIR, DIRECTOR  
Name CHERFRERE, SANDRA  
Address 9628 NE 2ND AVENUE, SUITE A9  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name HERNANDEZ, PATRICIA  
Address 10691 N. KENDALL DRIVE, SUITE 210  
City-State-Zip: MIAMI FL 33176

Title D  
Name PORRAS, MAUREEN L  
Address 1924 NW 84TH AVE  
City-State-Zip: MIAMI FL 33126

Title D, SECRETARY  
Name RILO, NORA M.  
Address 2001 N.W. 107 AVENUE  
SUITE 230  
City-State-Zip: MIAMI FL 33172

**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:** JUAN CARLOS GOMEZ

CHAIR/DIRECTOR

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name ROMERO-CRAFT, KIRA  
Address 523 WEST COLONIAL DRIVE  
City-State-Zip: ORLANDO FL 32804

Title D  
Name SOLOMIANY, ALEX  
Address 999 BRICKELL AVENUE,  
SUITE 1102  
City-State-Zip: MIAMI FL 33131

Title D, TREASURER  
Name SANCHEZ-ROIG, REBECA  
Address 168 SW 1ST STREET,  
SUITE 800  
City-State-Zip: MIAMI FL 33131

Title D  
Name ZEQUEIRA, MARIA S.  
Address 900 SE OCEAN BLVD.,  
SUITE 212B  
City-State-Zip: STUART FL 34994