

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

DOCUMENT# N22000003919

**Entity Name:** SOMOS COMUNIDAD REVIVE, INC.**Current Principal Place of Business:**945 OVERPOOL AVE  
DAVENPORT, FL 33896**Current Mailing Address:**945 OVERPOOL AVE  
DAVENPORT, FL 33896 US**FEI Number:** 88-2169467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRO, DANIELA  
945 OVERPOOL AVE  
DAVENPORT, FL 33896 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            PRESIDENT  
Name            CASTRO, DANIELA  
Address        945 OVERPOOL AVE  
City-State-Zip: DAVENPORT FL 33896

Title            VP  
Name            BELTRAN, ANDRES  
Address        945 OVERPOOL AVE  
City-State-Zip: DAVENPORT FL 33896

Title            SECRETARY  
Name            CALAMBAS, JULIETH  
Address        945 OVERPOOL AVE  
City-State-Zip: DAVENPORT FL 33896

Title            TREASURER  
Name            TOBON, LUIS ENRIQUE  
Address        945 OVERPOOL AVE  
City-State-Zip: DAVENPORT FL 33896

Title            DIRECTOR  
Name            CASTRO, MATEO  
Address        11836 BRIGHTON KNOLL LOOP  
City-State-Zip: RIVERVIEW FL 33578

Title            DIRECTOR  
Name            CORDON, MICHELLE  
Address        11836 BRIGHTON KNOLL LOOP  
City-State-Zip: RIVERVIEW FL 33579

Title            DIRECTOR  
Name            RIOS, AMANDA  
Address        2706 UXBRIDGE LN  
City-State-Zip: KISSIMMEE FL 34746

Title            DIRECTOR  
Name            CASTRO, GUSTAVO  
Address        1909 SNAPPER DR  
City-State-Zip: KISSIMMEE FL 34759

**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:** DANIELA CASTRO

PRESIDENT

02/29/2024

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

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VALENCIA, MARTHA LUCIA  
Address 945 OVERPOOL AVE  
City-State-Zip: DAVENPORT FL 33896

Title DIRECTOR  
Name VALENCIA, ANAMARIA  
Address 1909 SNAPPER DR  
City-State-Zip: KISSIMMEE FL 34759