

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

DOCUMENT# N22000010997

**Entity Name:** FLORIDA FAMILIES INDEPENDENCE CENTERS, INC.

**Current Principal Place of Business:**

8000 NW 7TH STREET  
STE 102  
MIAMI, FL 33126

**Current Mailing Address:**

8000 NW 7TH STREET  
STE 102  
MIAMI, FL 33126 US

**FEI Number:** 92-0607619

**Certificate of Status Desired:** No

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

FIGUEROA, ALBERTINA  
8000 NW 7TH STREET  
STE 102  
MIAMI, FL 33126 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	Title	S
Name	FIGUEROA, ALBERTINA	Name	LABORDE, RUBER
Address	8000 NW 7TH STREET STE 102	Address	8000 NW 7TH STREET STE 102
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

*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:** ALBERTINA FIGUEROA

**PRESIDENT**

**04/25/2024**

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

\_\_\_\_\_  
Date