

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

DOCUMENT# N36226

**Entity Name:** POLICE OFFICER ASSISTANCE TRUST, INC.

**Current Principal Place of Business:**

1030 NW 111 AVENUE, SUITE 232  
MIAMI, FL 33172

**Current Mailing Address:**

POLICE OFFICER ASSISTANCE TRUST  
1030 NW 111 AVENUE SUITE 232  
MIAMI, FL 33172 US

**FEI Number:** 65-0164129

**Certificate of Status Desired:** Yes

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

THE REYES LAW FIRM PA  
1 ALHAMBRA PLAZA STE 1130  
CORAL GABLES, FL 33134 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            CAROTHERS, CHRISTOPHER  
Address        1030 NW 111 AVENUE, SUITE 232  
City-State-Zip: MIAMI FL 33172

Title            S  
Name            GONZELEZ, RUDY  
Address        1030 NW 111 AVE  
                 SUITE 232  
City-State-Zip: MIAMI FL 33172

Title            T  
Name            SOSA, MAILYN  
Address        1030 NW 111 AVE  
                 SUITE 232  
City-State-Zip: MIAMI FL 33172

Title            VP  
Name            CASAS, ALEXANDER  
Address        1030 NW 111 AVENUE, SUITE 232  
City-State-Zip: MIAMI FL 33172

*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:** MAILYN SOSA

**TREASURER**

**02/05/2024**

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

\_\_\_\_\_  
Date