

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45206

**Entity Name:** SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**0662857465CC**

**Current Principal Place of Business:**

C/O MARY ANN CRUZ  
17847 NW 66 COURT CIRCLE  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

C/O MARY ANN CRUZ  
17847 NW 66 COURT CIRCLE  
MIAMI LAKES, FL 33015 US

**FEI Number: 65-0428320**

**Certificate of Status Desired: Yes**

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

CRUZ, MARY ANN  
C/O MARY ANN CRUZ  
17847 NW 66 COURT CIRCLE  
MIAMI LAKES, FL 33015 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: MARY ANN CRUZ**

**03/15/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            IGLESIAS, FRANCISCO  
Address        C/O MARY ANN CRUZ  
                  17847 NW 66 COURT CIRCLE  
City-State-Zip: MIAMI LAKES FL 33015

Title            SECRETARY, DIRECTOR  
Name            RUIZ, ALI  
Address        C/O MARY ANN CRUZ  
                  17847 NW 66 COURT CIRCLE  
City-State-Zip: MIAMI LAKES FL 33015

Title            REGISTRAR, DIRECTOR  
Name            CABANA-LOPEZ, MELISSA  
Address        C/O MARY ANN CRUZ  
                  17847 NW 66 COURT CIRCLE  
City-State-Zip: MIAMI LAKES FL 33015

Title            VICE PRESIDENT, DIRECTOR  
Name            MACNAMARA, MARY  
Address        C/O MARY ANN CRUZ  
                  17847 NW 66 COURT CIRCLE  
City-State-Zip: MIAMI LAKES FL 33015

Title            TREASURER, DIRECTOR  
Name            CRUZ, MARY ANN  
Address        C/O MARY ANN CRUZ  
                  17847 NW 66 COURT CIRCLE  
City-State-Zip: MIAMI LAKES FL 33015

*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: MARY ANN CRUZ**

**DIRECTOR/TREASURER**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date