#### 2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000364

Entity Name: MI FAMILIA VOTA EDUCATAION FUND INC.

**FILED** Jan 08, 2014 **Secretary of State** CC6529357616

# **Current Principal Place of Business:**

1666 CONNECTICUT AVE NW. STE 500 WASHINGTON, DC 20009

# **Current Mailing Address:**

1450 E. INDIAN SCHOOL ROAD, SUITE 101 PHOENIX. AZ 85014

FEI Number: 20-0182824 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MARQUEZ, SORAYA 615 HERNDON AVE

ORLANDO, FL 32803 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: SORAYA MARQUEZ 01/08/2014

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name VU. CUC Name MEDINA. ELISEO

Address 1640 RHODE ISLAND AVE NW Address 4299 SAN FELIPE, STE 200 City-State-Zip: HOUSTON TX 77027 City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR Title **SECRETARY** 

Name ESTRADA, CINDY Name GAETE, MARCELO

Address 8000 E JEFFERSON AVE Address 2425 OLYMPIC BLVD, STE 600 WEST DETROIT MI 48214

City-State-Zip: SANTA MONICA CA 90004 City-State-Zip:

Title DIRECTOR Title DIRECTOR

IZAGUIRRE, ULRICO Name OCANAS, GILBERTO Name Address 2100 PACIFIC AVE Address 1301 K STREET NW STE 600

**EAST TOWER** 

City-State-Zip: ATLANTIC CITY NJ 08401 City-State-Zip: WASHINGTON DC 20005

**OPERATIONS AND FINANCIAL** Title

DIRECTOR Title **EXECUTIVE DIRECTOR** 

Name FELIX, KARINA Name MOTERROSO, BEN

1450 E. INDIAN SCHOOL ROAD, SUITE Address 1450 E. INDIAN SCHOOL ROAD, SUITE Address

101

City-State-Zip: PHOENIX AZ 85014 City-State-Zip: PHOENIX AZ 85014

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: KARINA FELIX **OPERATIONS AND** FINANCIAL DIRECTOR

01/08/2014