

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000364

**FILED**  
**May 06, 2020**  
**Secretary of State**  
**0365071272CC**

**Entity Name:** MI FAMILIA VOTA EDUCATAION FUND INC.

**Current Principal Place of Business:**

5449 S SEMORAN BLVD  
STE 19-A  
ORLANDO, FL 32822

**Current Mailing Address:**

1140 E WASHINGTON ST  
STE 206  
PHOENIX, AZ 85034 US

**FEI Number:** 20-0182824

**Certificate of Status Desired:** Yes

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

MARQUEZ, SORAYA  
5449 S SEMORAN BLVD STE 19A  
ORLANDO, FL 32822 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           TREASURER  
Name           OCANAS, GILBERTO  
Address        1301 K STREET NW STE 600  
                  EAST TOWER  
City-State-Zip: WASHINGTON DC 20005

Title           DIRECTOR  
Name           IZAGUIRRE, ULRICO  
Address        2100 PACIFIC AVE  
City-State-Zip: ATLANTIC CITY NJ 08401

Title           EXECUTIVE DIRECTOR  
Name           SANCHEZ, HECTOR  
Address        1140 E WASHINGTON ST  
                  STE 206  
City-State-Zip: PHOENIX AZ 85034

Title           PRESIDENT  
Name           LEMUS, GABRIELA  
Address        1140 E WASHINGTON ST  
                  STE 206  
City-State-Zip: PHOENIX AZ 85034

Title           SECRETARY  
Name           ESCOBEDO, EFRAIN  
Address        1140 E WASHINGTON ST  
                  STE 206  
City-State-Zip: PHOENIX AZ 85034

Title           DIRECTOR  
Name           PINEDA, HEIDY  
Address        1140 E WASHINGTON ST  
                  STE 206  
City-State-Zip: PHOENIX AZ 85034

*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:** HECTOR SANCHEZ

**EXECUTIVE DIRECTOR**

**05/06/2020**

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

\_\_\_\_\_  
Date