# Entity Name: CENTER FOR POPULAR DEMOCRACY, INC.

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

449 TROUTMAN ST, SUITE A BROOKLYN, NY 11237

DOCUMENT# F18000005024

#### **Current Mailing Address:**

1959 PALOMAR OAKS WAY SUITE 300 CARLSBAD, CA 92011 US

### FEI Number: 45-3813436

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Oncer/Director Detail :				
	Title	VC, CHAIRMAN	Title	DCED
	Name	DORFMAN, AARON	Name	ARCHILA, ANA M
	Address	449 TROUTMAN ST, SUITE A	Address	449 TROUTMAN ST, SUITE A
	City-State-Zip:	BROOKLYN NY 11237	City-State-Zip:	BROOKLYN NY 11237
	Title	DCED	Title	CED
	Name	FRIEDMAN, ANDREW	Name	COOPER, DAMAREO
	Address	449 TROUTMAN ST, SUITE A	Address	449 TROUTMAN ST, SUITE A
	City-State-Zip:	BROOKLYN NY 11237	City-State-Zip:	BROOKLYN NY 11237
	Title	CFO	Title	D
	Title Name	CFO DAVIS BOULTON, CLAIRE	Title Name	D LIVINGSTON, CHRISTINA
	Name	DAVIS BOULTON, CLAIRE	Name	LIVINGSTON, CHRISTINA
	Name Address	DAVIS BOULTON, CLAIRE 449 TROUTMAN ST, SUITE A	Name Address	LIVINGSTON, CHRISTINA 449 TROUTMAN ST, SUITE A
	Name Address City-State-Zip: Title	DAVIS BOULTON, CLAIRE 449 TROUTMAN ST, SUITE A BROOKLYN NY 11237 D	Name Address City-State-Zip: Title	LIVINGSTON, CHRISTINA 449 TROUTMAN ST, SUITE A BROOKLYN NY 11237 D
	Name Address City-State-Zip: Title Name	DAVIS BOULTON, CLAIRE 449 TROUTMAN ST, SUITE A BROOKLYN NY 11237 D RUSSELL, ALICIA	Name Address City-State-Zip: Title Name	LIVINGSTON, CHRISTINA 449 TROUTMAN ST, SUITE A BROOKLYN NY 11237 D HOLLAMBY, MATT

## Continues on page 2

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: AARON DORFMAN

VICE CHAIR, CHAIRMAN 04/20/2022

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 20, 2022 Secretary of State 3850348411CC

Date

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	RAMIREZ, RAMON	Name	LOPEZ, JOSE
Address	449 TROUTMAN ST, SUITE A	Address	449 TROUTMAN ST, SUITE A
City-State-Zip:	BROOKLYN NY 11237	City-State-Zip:	BROOKLYN NY 11237