

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001739

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**3526825249CC**

**Entity Name:** CENTRO DE ALABANZA Y RENOVACION ESPIRITUAL, INC.

**Current Principal Place of Business:**

3100 DEL PRADO BLVD SOUTH #205-207  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2213 NE 33RD LN  
CAPE CORAL, FL 33909 US

**FEI Number:** 65-0983018

**Certificate of Status Desired:** No

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

SUAREZ VELARDE, EDGARDO ALVARO  
12505 MCGREGOR BLVD APT #201  
FORT MYERS, FL 33919 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 PD  
Name DIAZ, SANDRA E  
Address 2213 NE 33 LANE  
City-State-Zip: CAPE CORAL FL 33909

Title SD  
Name SUAREZ, MARIA T  
Address 12505 MCGREGOR BLVD  
APT 201  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name RIVERO, ERIC  
Address 2213 NE 33 LANE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name RIVERO, DAHAIANA  
Address 1504 NE 35 LANE  
City-State-Zip: CAPE CORAL FL 33909

*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:** MARIA T SUAREZ

**ADMINISTRATOR**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date