

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006497

**Entity Name:** ALMENAR OTERO FOUNDATION, INC.

**Current Principal Place of Business:**

9556 NW 41ST STREET  
DORAL, FL 33178

**Current Mailing Address:**

9556 NW 41ST STREET  
DORAL, FL 33178 US

**FEI Number:** 20-1450549

**Certificate of Status Desired:** No

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

SALCEDO, MARITZA  
9554 NW 41ST STREET  
DORAL, FL 33178 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           PTS  
Name           SALCEDO, MARITZA  
Address        9554 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

Title           D  
Name           SIMAN, SUSAN  
Address        1750 NW 107TH AVE, EUROSUITE  
City-State-Zip: DORAL FL 33172

Title           DIRECTOR  
Name           BORIA, MARISELA  
Address        7102 NW 112TH CT  
City-State-Zip: DORAL FL 33178

Title           DIRECTOR  
Name           RODRIGUEZ, ELIZABETH  
Address        1901 BRICKELL AVENUE  
                  APT # B904  
City-State-Zip: MIAMI FL 33129

Title           VD  
Name           ALMENAR, JONATHAN  
Address        10560 NW 74TH STREET  
                  APT # 208  
City-State-Zip: DORAL FL 33178

Title           SECRETARY  
Name           GONZALEZ, YEINY  
Address        10540 NW 74TH STREET  
                  APT # 207  
City-State-Zip: MEDLEY FL 33178

Title           DIRECTOR  
Name           ALVAREZ, GLORIA  
Address        901 SW 128TH AVENUE  
                  APT 405  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** MARITZA SALCEDO

PTS

01/04/2024

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

\_\_\_\_\_  
Date