

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006647

Entity Name: FUNDACION RESCATE JURIDICO, INC.**Current Principal Place of Business:**4225 WEST 16TH AVE 2ND FLOOR
HIALEAH, FL 33012**Current Mailing Address:**4225 WEST 16TH AVE 2ND FLOOR
HIALEAH, FL 33012**FEI Number:** 20-3050616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZORRILLA, JUAN C ESQ
1825 PONCE DE LEON BLVD - STE. 517
CORAL GABLES, FL 33134 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	ALVAREZ, SANTIAGO PRS.DIR
Address	4225 WEST 16TH AVE 2ND FLOOR
City-State-Zip:	HIALEAH FL 33012

Title	VP
Name	RODRIGUEZ, ORLANDO VICPRES
Address	P.O BOX 273807
City-State-Zip:	TAMPA FL 33688

Title	SD
Name	ALVAREZ, MIGUEL SEC.DIR
Address	12305 NORTHWEST 6 ST
City-State-Zip:	MIAMI FL 33182

Title	V.S
Name	CLARK, JORGE VICSEC
Address	45008 11 STREET WEST
City-State-Zip:	LANCASTER CA 93534

Title	TRSD
Name	FERRO, MARIO TRES DIR
Address	8165 NORTHWEST 155 ST
City-State-Zip:	MIAMI LAKES FL 33016

Title	VTD
Name	LOPEZ-CASTRO, RUBEN VTRSDIR
Address	2670 SOUTHWEST 142 COURT
City-State-Zip:	MIAMI FL 33175

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: SANTIAGO ALVAREZ**OWNER****04/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date