

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003801

Entity Name: CASA VALENTINA, INC.

Current Principal Place of Business:

2990 SW 35 AVE
SUITE 2
MIAMI, FL 33133

FILED
Mar 02, 2015
Secretary of State
CC6050130925

Current Mailing Address:

2990 SW 35 AVE
SUITE 2
MIAMI, FL 33133 US

FEI Number: 20-4647939

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DIETZ, MATTHEW
2990 SW 35 AVE
MIAMI, FL 33133 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 CHAIRMAN
Name LANGER, SHARON
Address 446 MAJORCA AVE
City-State-Zip: CORAL GABLES FL 33134

Title ED
Name KORGE, DEBORAH D
Address 2990 SW 35TH AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title VC
Name FEIGELES, JULIE
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title VC
Name LAMPEN, SUSAN
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title SECRETARY
Name LUKACS, MARYANNE
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title VC
Name REISMAN, MARCIA
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name HELLIWELL, ANNE
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title MEMBER-AT-LARGE
Name KRIEGER, DIANE
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

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: DEBORAH D. KORGE

EXECUTIVE DIRECTOR

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER-AT-LARGE
Name VILLARAOS, ADRIAN
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name ALTFIELD, WILLIAM
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name EVANS, CELIA
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name MAGID, DEBORAH
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name MEYERS, JOYCE
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name SAYFIE, NUSHIN
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name STAFFORD, CYNTHIA
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name SCHEJOLA AKIN, LISA
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name BENITEZ, OLIVER
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name HAUSMANN, LYNN
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name MELLEN-MARTINEZ, KATIE
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name PAREKH, ANNA
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name SPIELER, GREGG
Address 2990 SW 35 AVE
SUITE 2
City-State-Zip: MIAMI FL 33133