

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08884

Entity Name: MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.**Current Principal Place of Business:**2810 NW SOUTH RIVER DR
MIAMI, FL 33125**Current Mailing Address:**2810 NW SOUTH RIVER DR
MIAMI, FL 33125 US**FEI Number:** 59-2569847**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ANDREWS, MARY J
2810 NW SOUTH RIVER DR
MIAMI, FL 33125 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	VPD
Name	ISLAMI, JAHAN ESQ
Address	ONE SOUTHEAST THIRD AVENUE, 25TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	TD
Name	MARTIN, BEATRIZ
Address	999 PONCE DE LEON BLVD, SUITE 1045
City-State-Zip:	MIAMI FL 33134

Title	PD
Name	DELANCY, ADRIAN
Address	9130 SOUTH DADELAND BLVD SUITE 1800
City-State-Zip:	MIAMI FL 33156

Title	SD
Name	LIAN, ALEXANDER
Address	2 SOUTH BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33131

Title	CEO
Name	ANDREWS, MARY
Address	2810 NW SOUTH RIVER DRIVE
City-State-Zip:	MIAMI FL 33125

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: MARY J. ANDREWS

CEO

01/07/2014

Electronic Signature of Signing Officer/Director Detail_____
Date