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: JUDY GARCIA

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title Nam Add City-Title Nam

Electronic Signature of Registered Agent

835 NW 6TH ST.

City-State-Zip: HOMESTEAD FL 33030

SIGNATURE:

Address

e	Ρ	Title	VP,T	
me	SANCHEZ, CARLOS A	Name	SANCHEZ, CILY	
dress	14752 SW 297 TE	Address	14752 SW 297 TE	
y-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033	
	_			
е	1			
me	GARCIA, JUDY			

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.

14752 SW 297 TE HOMESTEAD, FL 33033 US

Current Mailing Address:

835 NW 6TH ST

Name and Address of Current Registered Agent:

SANCHEZ, CARLOS A

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900003813

Entity Name: CENTRO AVIVAMIENTO PODER DE DIOS INC

Current Principal Place of Business:

230 NORTH KROME AVENUE HOMESTEAD, FL 33030

HOMESTEAD, FL 33030

FEI Number: 26-4699669

Certificate of Status Desired: Yes

Date

FILED Mar 07, 2022 Secretary of State 0001568508CC

TREASURE

03/07/2022 Date