

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005010

**FILED  
Jan 28, 2021  
Secretary of State  
1273123707CC**

**Entity Name:** ASSOCIATION FOR DEVELOPMENT AND PROGRESS OF DESHOUVRAY INC.

**Current Principal Place of Business:**

20442 NE 14 CT  
MIAMI, FL 33179

**Current Mailing Address:**

20442 NE 14 CT  
MIAMI, FL 33179 US

**FEI Number: 27-2626754**

**Certificate of Status Desired: Yes**

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

CELLA, EUSTACHES E  
20442 N E 14CT  
MIAMI, FL 33179 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	P	Title	VP
Name	CELLA, EUSTACHES E	Name	FERTIL, FERDINAND
Address	20442 N E 14 CT	Address	935 NE 199ST SUITE 103
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179
Title	SECRETARY-TREASURY	Title	ADVISER
Name	FERTIL, LUCKNER S	Name	ESTIMABLE, FRITZCO
Address	20442 NE 14 CT	Address	20442 NE 14 CT
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179
Title	ADVISOR	Title	ADVISOR
Name	COMPERE, ERMANIE	Name	FERTIL, WILVENS
Address	20442 NE 14 CT	Address	20442 NE 14 CT
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179
Title	VICE SECRETARY		
Name	ESTIMA, LUCMAN		
Address	20442 NE 14 CT		
City-State-Zip:	MIAMI FL 33179		

*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: EUSTACHES CELLA**

**P**

**01/28/2021**

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

\_\_\_\_\_  
Date