

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005398

Entity Name: CONNECTFAMILIAS INC.**Current Principal Place of Business:**1111 SW 8 STREET
SUITE 207
MIAMI, FL 33130**Current Mailing Address:**1111 SW 8 STREET
SUITE 208
MIAMI, FL 33130 US**FEI Number:** 37-1646586**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALONSO, BEATRIZ
1111 SW 8 STREET
SUITE 207
MIAMI, FL 33130 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 PRESIDENT/CEO
Name ALONSO, BEATRIZ
Address 1111 SW 8 STREET
 SUITE 207
City-State-Zip: MIAMI FL 33130

Title BOARD OF DIRECTOR
Name RUBIO, NELLY
Address 1111 SW 8 STREET
 SUITE 207
City-State-Zip: MIAMI FL 33130

Title BOARD OF DIRECTOR
Name SOTOLONGO, FRANK
Address 1111 SW 8 STREET
 SUITE 207
City-State-Zip: MIAMI FL 33130

Title BOARD CHAIR
Name SICILE, CANDY
Address 1111 SW 8 STREET
 SUITE 207
City-State-Zip: MIAMI FL 33130

Title BOARD OF DIRECTOR
Name HERNANDEZ, OLIDIA (LEE)
Address 1111 SW 8 STREET
 SUITE 207
City-State-Zip: MIAMI FL 33130

Title BOARD OF DIRECTOR
Name SOTO, ALINA
Address 1111 SW 8 STREET
 SUITE 208
City-State-Zip: MIAMI FL 33130

Title DIRECTOR OF PROGRAMS
Name SAN JUAN, JULIET
Address 1111 SW 8 STREET
 SUITE 208
City-State-Zip: MIAMI FL 33130

Title BOARD OF DIRECTOR
Name DI MOSIE, SANDRA
Address 1111 SW 8 STREET
 SUITE 207
City-State-Zip: MIAMI FL 33130

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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: BEATRIZ ALONSO**PRESIDENT AND CEO****06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PARTNERSHIP DIRECTOR
Name	ROBLES, NATALIE
Address	1111 SW 8 STREET SUITE 208
City-State-Zip:	MIAMI FL 33130