

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003873

**Entity Name:** THE CASIMIRO GLOBAL FOUNDATION, INC.

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**7895687887CC**

**Current Principal Place of Business:**

10773 NW 58TH  
SUITE 90 C/O BIZNOVATOR  
DORAL, FL 33178

**Current Mailing Address:**

10773 NW 58TH STREET  
SUITE 90 C/O BIZNOVATOR  
DORAL, FL 33178 US

**FEI Number: 45-5146977**

**Certificate of Status Desired: No**

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

CASIMIRO, JUAN P  
10773 NW 58TH STREET  
SUITE 90 C/O BIZNOVATOR  
DORAL, FL 33178 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: JUAN PABLO CASIMIRO**

**02/06/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASIMIRO, JUAN PABLO  
Address        10773 NW 58TH STREET  
                  SUITE 90 C/O BIZNOVATOR  
City-State-Zip: DORAL FL 33178

Title            VP  
Name            FINNERAN, KEN  
Address        10773 NW 58TH STREET  
                  SUITE 90 C/O BIZNOVATOR  
City-State-Zip: DORAL FL 33178

Title            OFFICER  
Name            DEORR, KJELL  
Address        10773 NW 58TH STREET  
                  SUITE 90 C/O BIZNOVATOR  
City-State-Zip: DORAL FL 33178

Title            CORRESPONDING SECRETARY  
Name            CRUZ, ANGELA  
Address        10773 NW 58TH STREET  
                  SUITE 90 C/O BIZNOVATOR  
City-State-Zip: DORAL FL 33178

Title            EXECUTIVE SECRETARY  
Name            VILLACRECES, LAURA  
Address        10773 NW 58TH STREET  
                  C/O BIZNOVATOR SUITE 90  
City-State-Zip: DORAL FL 33178

*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: JUAN PABLO CASIMIRO**

**PRESIDENT**

**02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date