

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

DOCUMENT# N13000003242

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**0692599322CC**

**Entity Name:** PEDRO J. AND DINA E. ACEVEDO'S FOUNDATION, CORP.

**Current Principal Place of Business:**

5785 W 17 AVENUE  
HIALEAH, FL 33012

**Current Mailing Address:**

P.O BOX 170838  
HIALEAH, FL 33017

**FEI Number: 30-0836467**

**Certificate of Status Desired: Yes**

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

CASTILLO, ESTHER  
5785 W 17 AVENUE  
HIALEAH, FL 33012 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/DIRECTOR  
Name            CASTILLO, ESTHER  
Address        5785 W 17TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title            TREASURER/DIRECTOR  
Name            MORALES, MARIA DE JESUS  
Address        334 NW 101 STREET  
City-State-Zip: MIAMI FL 33150

Title            VP EXECUTIVE SECRETARY  
Name            ROMERO, MARIANELA  
Address        5785 W 17 AVENUE  
City-State-Zip: HIALEAH FL 33012

Title            VP ADULT BASIC EDUCATION, ESL  
Name            FERNANDEZ, NELSON SR.  
Address        203 SW  
                    7TH TERRACE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            CFO  
Name            ARIAS, MARIA DEL PILAR  
Address        5785 W 17 AVENUE  
City-State-Zip: HIALEAH FL 33012

Title            COO  
Name            CASTILLO, CESAR SEBASTIAN  
Address        5785 W 17 AVENUE  
City-State-Zip: HIALEAH FL 33012

Title            DIRECTOR OF EVENTS  
Name            APONTE, RUBEN  
Address        5785 W 17 AVENUE  
City-State-Zip: HIALEAH FL 33012

Title            OFFICER OF IT  
Name            AGUDELO, LUIS  
Address        5785 W 17 AVENUE  
City-State-Zip: HIALEAH FL 33012

**Continues on page 2**

*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: ESTHER CASTILLO**

**03/11/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER OF HEALTH EDUCATION  
Name ZACETA, REIVYS  
Address 5785 W 17 AVENUE  
City-State-Zip: HIALEAH FL 33012

Title OFFICER OF BUSINESS  
DEVELOPMENT  
Name SORONDO, YOLANDA  
Address 5785 W 17 AVENUE  
City-State-Zip: HIALEAH FL 33012