

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

DOCUMENT# N13000009396

**Entity Name:** THE CHILDREN'S MIRACLE FOUNDATION, INC.**Current Principal Place of Business:**19090 SW 7TH STREET  
PEMBROKE PINES, FL 33029**Current Mailing Address:**19090 SW 7TH STREET  
PEMBROKE PINES, FL 33029 US**FEI Number:** 46-3892920**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALCEDA, MARIO R  
19090 SW 7TH STREET  
PEMBROKE PINES, FL 33029 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           | DIR                     |
| Name            | SALCEDA, MARIO R        |
| Address         | 19090 SW 7TH STREET     |
| City-State-Zip: | PEMBROKE PINES FL 33029 |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIR                     |
| Name            | MARQUEZ, FRANK          |
| Address         | 16273 NW 15TH STREET    |
| City-State-Zip: | PEMBROKE PINES FL 33028 |

|                 |                   |
|-----------------|-------------------|
| Title           | DIR               |
| Name            | NIETO, GEORGE     |
| Address         | 797 NANDANA DRIVE |
| City-State-Zip: | WESTON FL 33327   |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIR                     |
| Name            | MESTRE, FRANCISCO A     |
| Address         | 14931 BEL AIRE DR S     |
| City-State-Zip: | PEMBROKE PINES FL 33027 |

*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:** FRANCISCO MESTRE

DIR

04/30/2021

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