

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1400002521

**FILED  
Mar 30, 2016  
Secretary of State  
CC8861701558**

**Entity Name:** NONPROFITORGANIZATIONGROUP INC.

**Current Principal Place of Business:**

16499 NE 19TH AVENUE SUITE 107N  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

P.O BOX 600711  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 46-5107319

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, I ISABEL  
16499 NE 19TH AVENUE SUITE 107N  
NORTH MIAMI BEACH, FL 33162 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 D  
Name RODRIGUEZ, I ISABEL  
Address 16499 NE 19TH AVENUE SUITE 107N  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name JONES, STANLEY  
Address 16499 NE 19TH AVENUE SUITE 107N  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name MOJICA, MARIA A  
Address 16499 NE 19TH AVENUE SUITE 107N  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name MOJICA, MARIA I  
Address 16499 NE 19TH AVENUE SUITE 107N  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** I ISABEL RODRIGUEZ

**PRESIDENT**

**03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date