

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

DOCUMENT# N14000008612

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CC2458535043**

**Entity Name:** PEDRO DEBRITO MEMORIAL SCHOLARSHIP FOUNDATION  
INC.

**Current Principal Place of Business:**

9784 SW 156 COURT  
MIAMI, FL 33196

**Current Mailing Address:**

P.O.BOX 960454  
MIAMI, FL 33296 US

**FEI Number: 47-1793060**

**Certificate of Status Desired: Yes**

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

CARLOS, DOMINGOS  
1063 SW 156 TERR  
PEMBROKE PINES, FL 33027 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 P  
Name CARLOS, DOMINGOS  
Address 1063 SW 156 TERR  
City-State-Zip: PEMBROKE PINES FL 33027

Title TREA  
Name DEBRITO-JOB, ANGELA  
Address 9784 SW 156 CT  
City-State-Zip: MIAMI FL 33196

Title VP  
Name ESDAILE-DEBRITO, VERA  
Address 79 EDGEWOOD WAY  
City-State-Zip: NEW HAVEN CT 06515

Title SEC  
Name DEBRITO, VALERIANA  
Address 26 DEMING ROAD  
City-State-Zip: ROCKY HILL CT 06067

*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: ANGELA DEBRITO-JOB**

**TREASURER**

**04/11/2016**

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

\_\_\_\_\_  
Date