

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

DOCUMENT# N15000004116

**Entity Name:** AZUL FOR BETTER LIVING, INC.

**Current Principal Place of Business:**

2635 OLD OKEECHOBEE ROAD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2635 OLD OKEECHOBEE ROAD  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 47-3826013

**Certificate of Status Desired:** No

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

RAFFAELLI, SANDRA P  
2635 OLD OKEECHOBEE ROAD  
WEST PALM BEACH, FL 33409 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:** SANDRA P RAFFAELLI

03/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FERNANDEZ DELAREGUERA, JOY ELLEN  
Address        2635 OLD OKEECHOBEE ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

Title            VP  
Name            DAVID, RAFFAELLI M  
Address        330 ALMERIA RD #4  
City-State-Zip: WEST PALM BEACH FL 33405

Title            SEC  
Name            NASSAR, ELIZABETH  
Address        708 N LOXAHATCHEE DR.  
City-State-Zip: JUPITER FL 33458

Title            CEO  
Name            RAFFAELLI, SANDRA P  
Address        898 COTTON BAY DR. E  
                    2208  
City-State-Zip: WEST PALM BEACH FL 33405

Title            TREASURER  
Name            DURLEY, MEYER  
Address        13366 TOUCHSTONE PL.  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            ROBINSON, CHIARA  
Address        35 TEAL WAY  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            BURCKHARDT, ALISON  
Address        2784 S OCEAN BLVD.  
                    101S  
City-State-Zip: PALM BEACH FL 33480

*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:** SANDRA RAFFAELLI

**CHIEF EXECUTIVE  
DIRECTOR**

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date