

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006331

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**7178694761CC**

**Entity Name:** HEART OF WORKS SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

12790 W. DIXIE HWY  
MIAMI, FL 33161

**Current Mailing Address:**

P.O. BOX 260447  
HOLLYWOOD, FL 33026 US

**FEI Number: 47-5426913**

**Certificate of Status Desired: No**

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

DEMETRIUS, LAURETTE  
11301 NW 6 AVE  
MIAMI, FL 33168 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 DEMETRIUS, LAURETTE  
Address 11301 NW 6 AVE  
City-State-Zip: MIAMI FL 33168

Title VP  
Name FRANCOIS, ASSELINE  
Address 819 NW 118 ST  
City-State-Zip: MIAMI FL 33168

Title T  
Name BOLIVAR, ELMITA  
Address 12505 NW 4TH AVE  
City-State-Zip: MIAMI FL 33168

Title S  
Name DORNEVAL, KATIA  
Address 234 NE 46 ST.  
City-State-Zip: MIAMI FL 33137

*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: LAURETTE DEMETRIUS**

**PRESIDENT**

**05/04/2020**

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

\_\_\_\_\_  
Date