

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009865

**Entity Name:** DOWNTOWN DORAL CHARTER SCHOOLS PTO, INC.

**Current Principal Place of Business:**

8390 NORTHWEST 53RD STREET  
DORAL, FL 33166

**Current Mailing Address:**

8390 NORTHWEST 53RD STREET  
DORAL, FL 33166 US

**FEI Number:** 47-4369557

**Certificate of Status Desired:** No

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

WXC CORPORATION  
8240 NW 52ND TERRACE SUITE 305  
DORAL, FL 33166 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:** OLGA ADRIANA MORENO

03/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOUZADA, SILVINA PAULA  
Address        6724 NW 107TH PLACE  
City-State-Zip: DORAL FL 33178

Title            VP  
Name            ESPINOSA, ALEJANDRA  
Address        8390 NORTHWEST 53RD STREET  
City-State-Zip: DORAL FL 33166

Title            VP  
Name            VIDAL, YISSELL  
Address        8390 NORTHWEST 53RD STREET  
City-State-Zip: DORAL FL 33166

Title            S  
Name            ESPINOZA, HEIDY  
Address        8390 NORTHWEST 53RD STREET  
City-State-Zip: DORAL FL 33166

Title            T  
Name            RODRIGUEZ-PAOLI, MONICA  
Address        8390 NORTHWEST 53RD STREET  
City-State-Zip: DORAL FL 33166

Title            AT  
Name            MARQUEZ-AMODIO, MARIA  
                  GABRIELA  
Address        8390 NORTHWEST 53RD STREET  
City-State-Zip: DORAL FL 33166

Title            CMD  
Name            DE JESUS, YENNIFER  
Address        8390 NORTHWEST 53RD STREET  
City-State-Zip: DORAL FL 33166

*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:** SILVINA PAULA BOUZADA

PRESIDENT

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date