

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000005376

Entity Name: FUNDACION LUCHEMOS POR LA VIDA INC.**Current Principal Place of Business:**18331 PINES BLVD, #197
PEMBROKE PINES, FL 33029**Current Mailing Address:**18331 PINES BLVD, #197
PEMBROKE PINES, FL 33029 US**FEI Number:** 81-2926880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEREZ, ELIAS H
18331 PINES BLVD, #197
PEMBROKE PINES, FL 33029 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	VILLANO, NICOLA
Address	2250 NW 114TH AVENUE, UNIT 1C
City-State-Zip:	MIAMI FL 33172

Title	VP
Name	MENDEZ, JASON M
Address	2250 NW 114TH AVENUE, UNIT 1C
City-State-Zip:	MIAMI FL 33172

Title	D
Name	PEREZ, ELIAS H
Address	100 DANIELLE CT
City-State-Zip:	WESTON FL 33326

Title	D
Name	CHECURA, ANGIE L
Address	197 LAKEVIEW DR #106
City-State-Zip:	WESTON FL 33326

Title	D
Name	GOMEZ, MARIA A.
Address	501 BRICKELL KEY DRIVE #205
City-State-Zip:	MIAMI FL 33131

Title	D
Name	DE LOS RIOS, MERY C.
Address	1900 ALMANDA DR.
City-State-Zip:	NORTH MIAMI FL 33181

Title	DIRECTOR
Name	PARRA, MARY JENNY
Address	2640 NW 84TH AVE #202
City-State-Zip:	DORAL FL 33122

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: NICOLA VILLANO**PRESIDENT****01/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date