

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006621

**Entity Name:** SUREFOUNDATION MORIJA ALLIANCE, INC

**Current Principal Place of Business:**

4686 N CONGRESS AVE  
206 B  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4686 N CONGRESS AVE  
206 B  
WEST PALM BEACH, FL 33407 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BRIZEI, JOSEPH J  
4686 N CONGRESS AVE  
206 B  
WEST PALM BEACH, FL 33407 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 BRIZEI, JOSEPH J  
Address 4686 N CONGRESS AVE  
206 B  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name BRIZEI, EMANUELA  
Address 4686 N CONGRESS AVE  
206 B  
City-State-Zip: WEST PALM BEACH FL 33407

Title SEC  
Name BRIZEI, JEAN J  
Address 4686 N CONGRESS AVE  
206 B  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** JOSEPH J BRIZEI

P

04/20/2019

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

\_\_\_\_\_  
Date