

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003909

**Entity Name:** CENTRO CASA DE ORACION INC.

**Current Principal Place of Business:**

1735 SW 1 ST  
MIAMI, FL 33135

**Current Mailing Address:**

1735 SW 1 ST  
MIAMI, FL 33135 US

**FEI Number: 82-1254492**

**Certificate of Status Desired: Yes**

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

MONTEALEGRE, J. ISRAEL DR.  
2863 SW 69 COURT  
MIAMI, FL 33155 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, CHAIRMAN  
Name TERCERO, JUAN C  
Address 1735 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title VP, DIRECTOR  
Name ACOSTA, ADRIANA  
Address 1735 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title T, DIRECTOR  
Name ZELAYA, OLGA  
Address 1735 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title S, DIRECTOR  
Name MARTINEZ, MELISSA  
Address 1735 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title D  
Name TRIMINIO, MANUEL  
Address 1735 SW 1 ST  
City-State-Zip: MIAMI FL 33135

*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: JUAN TERCERO**

**PRESIDENT**

**04/26/2023**

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

\_\_\_\_\_  
Date