

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

DOCUMENT# N21000013277

**Entity Name:** YOLA GUZ SI SE PUEDE CORP.

**Current Principal Place of Business:**

8265 NW 41 ST  
SUITE 22  
MIAMI, FL 33166

**Current Mailing Address:**

8265 NW 41 ST  
SUITE 22  
MIAMI, FL 33166 US

**FEI Number:** 88-2320033

**Certificate of Status Desired:** No

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

GUZMAN, YOLANDA  
8265 NW 41 ST  
SUITE 22  
MIAMI, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | P                         | Title           | VP                        |
| Name            | GUZMAN, YOLANDA           | Name            | CORA, RUBEN C             |
| Address         | 8265 NW 41 ST<br>SUITE 22 | Address         | 8265 NW 41 ST<br>SUITE 22 |
| City-State-Zip: | MIAMI FL 33166            | City-State-Zip: | MIAMI FL 33166            |
|                 |                           |                 |                           |
| Title           | SEC                       |                 |                           |
| Name            | DOMINGUEZ, LISBETH        |                 |                           |
| Address         | 8265 NW 41 ST<br>SUITE 22 |                 |                           |
| City-State-Zip: | MIAMI 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:** YOLANDA GUZMAN

**PRESIDENT**

**07/18/2023**

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

\_\_\_\_\_  
Date