

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000003660

**Entity Name:** SOUTH DADE WOMEN VETERANS ALLIANCE, INC.

**Current Principal Place of Business:**

10720 CARIBBEAN BLVD #320  
MIAMI, FLORIDA #320  
CUTLER BAY, FL 33189

**Current Mailing Address:**

10720 CARIBBEAN BLVD #320  
MIAMI, FLORIDA #320  
CUTLER BAY, FL 33189 US

**FEI Number:** 88-1550023

**Certificate of Status Desired:** Yes

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

ROBISON, JULIE  
14661 HARRISON STREET  
MIAMI, FL 33176 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	OLLER, VIRAMA	Name	SOBALVARRO, CARLOS
Address	28910 SW 193 AVENUE	Address	13274 SW 265TH STREET
City-State-Zip:	MIAMI FL 33032	City-State-Zip:	HOMESTEAD FL 33032
Title	CEO/EXECUTIVE DIRECTOR	Title	DIRECTOR
Name	ROBISON, JULIE	Name	PHILLIPS, TYRA
Address	14661 HARRISON STREET	Address	15201 SW 216ST
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33170

*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:** JULIE ROBISON

**CEO/EXECUTIVE  
DIRECTOR**

**02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date