

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

DOCUMENT# N22000004082

**Entity Name:** SENSE OF LIFE SOCIAL WELFARE, INC

**Current Principal Place of Business:**

2101 BLUE SPRINGS ROAD  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

4140 LOQUAT AVENUE  
COCONUT GROVE, FL 33133

**FEI Number: 88-2406596**

**Certificate of Status Desired: Yes**

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

EPGD ATTORNEYS AT LAW, P.A.  
777 SW 37 AVENUE, SUITE 510  
MIAMI, FL 33135 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 PD  
Name MERINO, JUAN CARLOS  
Address 10 DE AGOSTO 105 Y MALECON  
City-State-Zip: GUAYAQUIL, ECUADOR AL

Title D  
Name LOPEZ, JAIME  
Address AV. GALO PLAZA N52-30 Y  
ALGARROBOS  
City-State-Zip: QUITO, ECUADOR AL

Title D  
Name JIMENEZ, HONORIO  
Address RODOLFO BOLANOS E6-302 Y  
GUILLERMO VILAC  
City-State-Zip: QUITO, ECUADOR AL

Title D  
Name LIZARZABURO, DIEGO  
Address BERNABE LOVATO S23-70  
MIRAVALLE 4  
City-State-Zip: QUITO, ECUADOR AL

*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 CARLOS MERINO**

**PD**

**01/24/2023**

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

\_\_\_\_\_  
Date