

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35821

Entity Name: THE DOMINICAN AMERICAN NATIONAL FOUNDATION CDC
INC.**FILED**
Feb 09, 2015
Secretary of State
CC5708289064**Current Principal Place of Business:**1726 NW 36TH STREET
SUITE 20
MIAMI , FL 33142**Current Mailing Address:**1726 NW 36TH STREET
SUITE 20
MIAMI , FL 33142 US**FEI Number:** 65-0167851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARINES, HENRY
8501 SW 124TH AVE
SUITE 204
MIAMI , FL 33183 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:** HENRY E. MARINES

02/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name MEJIA, DOLORES
Address 1726 NW 36TH STREET
SUITE 20
City-State-Zip: MIAMI FL 33142**Title** TREASURER
Name LUNA, LEE
Address 1726 NW 36TH STREET
SUITE 20
City-State-Zip: MIAMI FL 33142**Title** OFFICER
Name ALOU, CHRISTIA
Address 1726 NW 36TH STREET
SUITE 20
City-State-Zip: MIAMI FL 33142**Title** VC
Name HENRY , MARINES
Address 1726 NW 36TH STREET
SUITE 20
City-State-Zip: MIAMI FL 33142**Title** CHAIRMAN
Name RUDY, DUTHIL
Address 1726 NW 36TH STREET
SUITE 20
City-State-Zip: MIAMI FL 33142**Title** OFFICER
Name FERNANDEZ, FRANCISCO
Address 1726 NW 36TH STREET
SUITE 20
City-State-Zip: MIAMI FL 33142

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: HENRY E. MARINES, ESQ

VICE CHAIRMAN

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date