

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005400

Entity Name: FOUNDATION OF THE AMERICAS, INC.**Current Principal Place of Business:**1825 PONCE DE LEON BLVD. #186
CORAL GABLES, FL 33134**Current Mailing Address:**1825 PONCE DE LEON BLVD. #186
CORAL GABLES, FL 33134 US**FEI Number:** 65-0491520**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DOUGLAS D. STRATTON, ESQ.
407 LINCOLN RD, STE 2A
MIAMI BEACH, FL 33139 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 | CPDS |
| Name | PINEDO, M E |
| Address | 1825 PONCE DE LEON BLVD. #186 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|-------------------------------|
| Title | D |
| Name | PINKNEY, KEENAN |
| Address | 1825 PONCE DE LEON BLVD. #186 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|-------------------------------|
| Title | EDVPT |
| Name | DE HARO PINEDA, HERICK |
| Address | 1825 PONCE DE LEON BLVD. #186 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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: M E PINEDO

CPDS

04/01/2021

Electronic Signature of Signing Officer/Director Detail_____
Date