

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000082154

**Entity Name:** HORA FELIZ ADULT DAY CARE INC

**Current Principal Place of Business:**

44 EAST 5TH STREET  
UNITS 42-46  
HIALEAH, FL 33010

**Current Mailing Address:**

44 EAST 5TH STREET  
UNITS 42-46  
HIALEAH, FL 33010 US

**FEI Number:** 84-2919182

**Certificate of Status Desired:** No

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

VELAZCO, TANIA  
44 EAST 5TH STREET  
UNITS 42-46  
HIALEAH, FL 33010 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  
Name VELAZCO, TANIA  
Address 44 EAST 5TH STREET, UNITS 42-46  
City-State-Zip: HIALEAH FL 33010

Title VP  
Name FERRER, MARISO  
Address 44 EAST 5TH STREET, UNITS 42-46  
City-State-Zip: HIALEAH FL 33010

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TANIA VELAZCO

**PRES**

**06/05/2020**

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

\_\_\_\_\_  
Date