

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

DOCUMENT# F17000002664

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**5625576793CC**

**Entity Name:** CORPORACION PARA EL FINANCIAMIENTO EMPRESARIAL DEL COMERCIO Y LAS COMUNIDADES (COFECC), CORP.

**Current Principal Place of Business:**

171 CARLOS CHARDON AVE, STE 407  
SAN JUAN, PR 00918

**Current Mailing Address:**

PO BOX 191791  
SAN JUAN, PR 00919-1791 PR

**FEI Number:** 66-0398333

**Certificate of Status Desired:** Yes

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

RIVERA, NESTOR  
8088 CLEOBURY DRIVE  
ORLANDO, FL 32832 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:** NESTOR RIVERA

04/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name APONTE, JAIME  
Address THE HATO REY CENTER  
268 PONCE DE LEON STE 1022  
City-State-Zip: SAN JUAN 00918

Title D  
Name CONTRERAS, OMAR M  
Address 229 CALLE DEL PARQUE  
COND. PARQUE CENTRAL APT PH  
1502  
City-State-Zip: SAN JUAN

Title D  
Name QUINONES, SULEIRA  
Address CALLE DOMINGO GRUZ #644  
City-State-Zip: SAN JUAN 00924

Title D  
Name RODRIGUEZ, ILDEFONSO  
Address LAS VIOLETAS CONDOMINIOS  
APT 404 SAGRADO CORAZON ST 459  
City-State-Zip: SAN JUAN

Title CP  
Name VILARO, PAUL M  
Address THE VILLAGES AT SUCHVILLE 1  
SAN MIGUEL BUZON 63  
City-State-Zip: GUAYNABO 00966

Title VC, VP  
Name VEGA, HARRY O  
Address 236 VIA CAMPINA VILLA CARIBE  
City-State-Zip: CAGUAS 00727-3048

Title DT  
Name BARRERAS, RAUL O  
Address PO BOX 363722  
City-State-Zip: SAN JUAN 00936-3722

Title DIRECTOR  
Name SANTIAGO, DIANA L.  
Address 1495 AGUAS FRIAS ST.  
City-State-Zip: TOA ALTA PR 00953

**Continues on page 2**

*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:** PAUL VILARO

**PRESIDENT BOARD OF DIRECTORS**

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VELAZQUEZ, ISMAEL  
Address ARENALES ALTOS WARD, ROAD 112 KM. 5.7  
504 CARR. 112  
City-State-Zip: ISABELA PR 00662

Title DIRECTOR  
Name RIVERA, RODOLFO A.  
Address PARQUE MONTEBELLO  
A 11 CALLE 1  
City-State-Zip: TRUJILLO ALTO PR 00976