### 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: JAIME E BERMEO

City-State-Zip: MIAMI LAKES FL 33014

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: JAIME E BERMEO Electronic Signature of Registered Agent

MIAMI LAKES, FL 33014 US

Officer/Director Detail :			
Title	VP	Title	PRESIDENT
Name	BERMEO, CLAUDIA	Name	BERMEO, JAIME E
Address	6447 MIAMI LAKES DR. EAST SUITE 226-G	Address	6447 MIAMI LAKES DR. EAST SUITE 226-G
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014
Title	DIRECTOR		
Name	RODRIGUEZ, LIBIA A		
Address	6447 MIAMI LAKES DR. EAST SUITE 226-G		

## 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.

6447 MIAMI LAKES DR. EAST SUITE 226-G MIAMI LAKES, FL 33014 US

## FEI Number: 86-1477652

SUITE 226-G

## Name and Address of Current Registered Agent:

SUITE 226-G MIAMI LAKES, FL 33014

DOCUMENT# N2100000422

BERMEO, JAIME E 6447 MIAMI LAKES DR. EAST

# Entity Name: INSTITUTO CATOLICO PSICOLOGIA Y FE, INC.

## **Current Principal Place of Business:**

6447 MIAMI LAKES DR. EAST

**Current Mailing Address:** 

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2024 Secretary of State 6438660604CC

Certificate of Status Desired: Yes

01/31/2024 Date

01/31/2024

Date