

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

DOCUMENT# N21000011918

**Entity Name:** COMMUNITY AND FAMILY ASSISTANCE SERVICES INC.

**Current Principal Place of Business:**

19821 N.W. 2ND AVENUE  
MIAMI GARDENS , FL 33169

**Current Mailing Address:**

12111 NE 18TH AVENUE  
NORTH MIAMI, 33181 UN

**FEI Number: 87-3934763**

**Certificate of Status Desired: Yes**

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

MONDESIR, ROSELINE  
12111 NE 18TH AVENUE  
NORTH MIAMI, FL 33181 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 MONDESIR, ROSELINE  
Address 12111 NE 18TH AVENUE  
City-State-Zip: NORTH MIAMI FL 33181

Title VP  
Name SAGESSE, SERGE  
Address 545 PARKSIDE CIRCLE  
City-State-Zip: CRAWFORDSVILLE FL 32327

Title DIR  
Name AGAMA, SEEKA  
Address 780 NE 122ND STREET  
City-State-Zip: MIAMI FL 33161

Title DIR  
Name CERNE, KERI  
Address 8403 PINES BLVD. #106  
City-State-Zip: PEMBROKE PINES FL 33024

*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: ROSELINE MONDESIR**

**OWNER**

**04/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date