

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003277

FILED
Apr 19, 2012
Secretary of State

Entity Name: FOUNDATION FOR NEW EDUCATION INITIATIVES, INC.

Current Principal Place of Business:

1450 NE 2ND AVENUE, SUITE 931
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1450 NE 2ND AVENUE, SUITE 931
MIAMI, FL 33132

New Mailing Address:

FEI Number: 61-1566768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVALHO, ALBERTO M MR.
1450 NE 2ND AVENUE
SUITE 912
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MRS.
Name: TABARES HANTMAN, PERLA
Address: 1450 NE 2ND AVENUE, SUITE 700
City-St-Zip: MIAMI, FL 33132

Title: MR.
Name: CARVALHO, ALBERTO M
Address: 1450 NE 2ND AVENUE, SUITE 912
City-St-Zip: MIAMI, FL 33132

Title: MS.
Name: MUNILLA, NATACHA
Address: 7035G S.W. 47 STREET
City-St-Zip: MIAMI, FL 33131

Title: DR.
Name: SHAFFER, PENNY
Address: 8400 N.W. 33RD STREET, SUITE 100
City-St-Zip: MIAMI, FL 33122

Title: MS.
Name: NELSON-GOEDERT, CAROLYN
Address: MIAMI-DADE COUNTY COUNCIL PTA/PTSA
City-St-Zip: MIAMI, FL 33132

Title: MS.
Name: WILLIAMSON, JULIE A
Address: ONE SOUTHEAST THIRD AVENUE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

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: ALBERTO M. CARVALHO

MR.

04/19/2012

Electronic Signature of Signing Officer or Director

_____ Date