
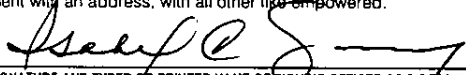


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90028 023 \*\*\*\*61.25

|   |                         |   |   |   |   |
|---|-------------------------|---|---|---|---|
| <b>DOCUMENT # N26546</b>  |                         |   |   |  |   |
| 1. Entity Name<br>PARENT TO PARENT OF MIAMI, INC.   |                         |   |   |   |   |
| Principal Place of Business<br>7990 SW 117TH AVE<br># 201<br>MIAMI, FL 33183 US   |                         |   | Mailing Address<br>7990 SW 117TH AVE<br># 201<br>MIAMI, FL 33183 US |   |   |
| 2. Principal Place of Business - No P.O. Box #  |                         | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.   |   |   |   |
| City & State  |                         | City & State  |   | 4. FEI Number<br>65-0022052   |   |
| Applied For   |                         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |   |   |   |
| Not Applicable  |                         | 02272007 Chg-NP CR2E037 (12/06)   |   |   |   |
| Zip   | Country                 | Zip   | Country   |   |   |
| 6. Name and Address of Current Registered Agent   |                         |   | 7. Name and Address of New Registered Agent                         |   |   |
| GARCIA, ISABEL C<br>4530 SW 149TH COURT<br>MIAMI, FL 33185  |                         |   | Name  |   |   |
|   |                         |   | Street Address (P.O. Box Number is Not Acceptable)                  |   |   |
|   |                         |   | City  |   |   |
|   |                         |   | FL Zip Code   |   |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |                         |   |   |   |   |
| SIGNATURE _____   |                         |   |   |   |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |                         |   |   |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                    |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| Make check payable to Florida Department of State   |                         |   |   |   |   |
| 10. OFFICERS AND DIRECTORS  |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10               |   |   |
| TITLE   | ED                      | <input type="checkbox"/> Delete   | TITLE   | S   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  | GARCIA, ISABEL C        |   | NAME  | RIVAS, ROSA P   |   |
| STREET ADDRESS  | 4530 SW 149 CT          |   | STREET ADDRESS  | 8401 NW 139th TERR, #3209   |   |
| CITY-ST-ZIP   | MIAMI, FL 33185         |   | CITY-ST-ZIP   | MIAMI LAKES, FL 33016   |   |
| TITLE   | P                       | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  | KNEIPPLE, MARIA         |   | NAME  | MORA, ALEJANDRO P   |   |
| STREET ADDRESS  | 2920 S.W. 80 AVE        |   | STREET ADDRESS  | 7743 SW 8th STREET, #D332   |   |
| CITY-ST-ZIP   | MIAMI, FL 33155         |   | CITY-ST-ZIP   | MIAMI, FL 33143   |   |
| TITLE   | T                       | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  | GARCIA, FARIDES         |   | NAME  | ESTRADA, LYNETTE  |   |
| STREET ADDRESS  | 5108 DONATELLO STREET   |   | STREET ADDRESS  | 1750 SE 20th TERRACE  |   |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146  |   | CITY-ST-ZIP   | HOMESTEAD, FL 33035   |   |
| TITLE   | D                       | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  | SEQUENZIA, VENERANDO    |   | NAME  | ESCALLON, ENRIQUE   |   |
| STREET ADDRESS  | 19732 NE 12TH PLACE     |   | STREET ADDRESS  | 4371 SW 150th COURT   |   |
| CITY-ST-ZIP   | N.MIAMI BEACH, FL 33179 |   | CITY-ST-ZIP   | MIAMI, FL 33185   |   |
| TITLE   |                         | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  |                         |   | NAME  | ALESSANDRI, MICHAEL   |   |
| STREET ADDRESS  |                         |   | STREET ADDRESS  | 1614 PENNSYLVANIA AVE, #2F  |   |
| CITY-ST-ZIP   |                         |   | CITY-ST-ZIP   | MIAMI BEACH, FL 33139   |   |
| TITLE   |                         | <input type="checkbox"/> Delete   | TITLE   | D   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                         |   | NAME  | LOPEZ-SILVERO, ADRIAN   |   |
| STREET ADDRESS  |                         |   | STREET ADDRESS  | 14931 SW 63rd STREET  |   |
| CITY-ST-ZIP   |                         |   | CITY-ST-ZIP   | MIAMI, FL 33193   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an address with an address, with all other like empowered. |                         |   |   |   |   |
| SIGNATURE:   |                         | Date: 2/27/07   |   | Daytime Phone #: 305-271-9797   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR   |                         |   |   |   |   |