

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26546

FILED
Mar 03, 2009
Secretary of State

Entity Name: PARENT TO PARENT OF MIAMI, INC.

Current Principal Place of Business:

7990 SW 117TH AVE
201
MIAMI, FL 33183 US

New Principal Place of Business:

Current Mailing Address:

7990 SW 117TH AVE
201
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 65-0022052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, ISABEL C
4530 SW 149TH COURT
MIAMI, FL 33185 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: ED () Delete
Name: GARCIA, ISABEL C
Address: 4530 SW 149 CT
City-St-Zip: MIAMI, FL 33185

Title: P () Delete
Name: GARCIA, FARIDES
Address: 5108 DONATELLO STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: RIVAS, ROSA P
Address: 8401 NW 139 TERRACE, #3209
City-St-Zip: MIAMI LAKES, FL 33016

Title: T () Delete
Name: ALESSANDRI, MICHAEL
Address: 1614 PENNSYLVANIA AVENUE, #2F
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: KNEIPPLE, MARIA L
Address: 2920 SW 80 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: SEQUENZIA, VENERANDO
Address: 19732 NE 12 PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALESSANDRI, MICHAEL
Address: 1614 PENNSYLVANIA AVENUE, #2F
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Change () Addition
Name: BRUGUERA, RICHARD A
Address: 7300 SW 131 STREET
City-St-Zip: PINECREST, FL 33156

Title: S (X) Change () Addition
Name: ESTRADA, LYNETTE
Address: 1750 SE 20 TERRACE
City-St-Zip: HOMESTEAD, FL 33035

Title: D (X) Change () Addition
Name: LEVIN, JAMIE
Address: 11289 SW 144 TERRACE
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ISABEL C. GARCIA

ED

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date