


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 041 ****61.25

DOCUMENT # N37614

1. Entity Name
SPANISH INTERNATIONAL PARENTS ASSOCIATION, INC.



Principal Place of Business
**C/O MARIA C. ARRIOLA VELEZ
 801 BRICKELL AVENUE, SUITE 1401
 MIAMI, FL 33131**

Mailing Address
**PO BOX 431901
 MIAMI, FL 33243-1901 US**

54073360



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07172004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0200917

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VELEZ, MARIA C. ARRIOLA
 801 BRICKELL AVENUE
 SUITE #101
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRINGTON, ANNABEL 1079 NE 90 ST MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRAUS, ANDREA 7421 SW 54 CT MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, NATIVIDAD S 1555 ALCALA AVE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BONET, ELEN 1806 SW 2 CT MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURNBERG, CARL 18780 SW 294 TERR HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROL Fenello 6233 Leonardo ST Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael Wallman 1870 SW 5 AVE Miami FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Debby GRIFFIN 6750 SW 115 Street Miami FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address with all other like empowerments.

SIGNATURE: Andrea Strauss **8/19/04** **305.662.6932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #