

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37614

FILED
May 25, 2005
Secretary of State

Entity Name: SPANISH INTERNATIONAL PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MARIA C. ARRIOLA VELEZ
801 BRICKELL AVENUE, SUITE 1401
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

PO BOX 431901
MIAMI, FL 332431901 US

New Mailing Address:

FEI Number: 65-0200917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VELEZ, MARIA C. ARRIOLA
801 BRICKELL AVENUE
SUITE 1401
MIAMI, FL 33131 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: P () Delete
Name: STRAUS, ANDREA
Address: 7421 SW 54 CT
City-St-Zip: MIAMI, FL 33143

Title: V () Delete
Name: FENELLO, CAROL
Address: 6233 LEONARDO ST
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: WALLMAN, MICHAEL
Address: 1870 SW 5 AVE
City-St-Zip: MIAMI, FL 33129

Title: S () Delete
Name: GRIFFIN, DEBBY
Address: 6750 SW 115 STREET
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: TR () Change (X) Addition
Name: KELLEY, BRUCE
Address: 7025 MINDELLO ST
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE KELLEY

TR

05/25/2005

Electronic Signature of Signing Officer or Director

_____ Date