

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37614

FILED
Apr 08, 2008
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 ()

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: WALLMAN, MICHAEL
Address: 1870 SW 5TH AVENUE
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: BLET, MARIA M
Address: 245 CANDIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: TREA () Delete
Name: RUIZ, LYNNE
Address: 9519 SW 118 PLACE
City-St-Zip: MIAMI, FL 33186

Title: SECY () Delete
Name: BLET, JORGE M
Address: 245 CANDIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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:

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: MARIA M. BLET

VP

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date