

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37614

FILED
Feb 19, 2009
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:

C/O SIPA
P.O. BOX 431901
MIAMI, FL 33243

Current Mailing Address:

PO BOX 431901
MIAMI, FL 332431901 US

New Mailing Address:

C/O SIPA
P.O. BOX 431901
MIAMI, FL 33243

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: P (X) Change () Addition
Name: BLET, MARIA
Address: 245 CANDIA AVENUE
City-St-Zip: CORAL GABLES, FL 33131

Title: VP (X) Change () Addition
Name: LEAL, ANDREA
Address: 6830 SW 59 STREET
City-St-Zip: MIAMI, FL 33143

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 MAS BLET

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date