

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37614

FILED
Apr 17, 2012
Secretary of State

Entity Name: SPANISH INTERNATIONAL PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

NATASHA, FALCONI
6405 LEONARDO STREET
CORAL GABLES, FL 33146 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
Name: CUCALON, MARJORIE
Address: 199 OCEAN LANE DRIVE #1008
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP
Name: SEGRERA, ELAINE
Address: 5401 MAGGIORE STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: TREA
Name: FALCONI, NATASHA
Address: 6405 LEONARDO STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: CORR
Name: MIRANDA, MARIAELENA
Address: 8921 SW 79CT
City-St-Zip: MIAMI, FL 33156

Title: RECO
Name: RODRIGUEZ, ILIANA
Address: 182 PONCE DE LEON BVD, PMB 220
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: NATASHA FALCONI

TREA

04/17/2012

Electronic Signature of Signing Officer or Director

_____ Date