

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Aug 13, 2012**  
**Secretary of State**

DOCUMENT# N01000005610

**Entity Name:** CONNECTION PARENT ORGANIZATION, INC.

**Current Principal Place of Business:**

25 N.E. 2ND ST  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

25 N.E. 2ND ST  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 65-1115720      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALLART, SANDRA  
25 N.E. 2ND ST  
MIAMI, FL 33132      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:** EISENBERG, STEVEN E  
**Address:** 2 S. BISCAYNE BLVD. # 3800  
**City-St-Zip:** MIAMI, FL 33131

**Title:** V  
**Name:** GREEN-MARTINCAK, LAUREN  
**Address:** 4700 LAKE ROAD  
**City-St-Zip:** MIAMI, FL 33137

**Title:** S  
**Name:** PEREZ-PRADE, AIXA  
**Address:** 12407 NW 7 LANE  
**City-St-Zip:** MIAMI, FL 33182

**Title:** T  
**Name:** HARRIS, CARNETTIA  
**Address:** 7435 N AUGUSTA DRIVE  
**City-St-Zip:** HIALEAH, FL 33015

**Title:** H  
**Name:** BALLART, SANDRA  
**Address:** 8120 SW 36 TERRACE  
**City-St-Zip:** MIAMI, FL 33155

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: SANDRA BALLART

H

08/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date