

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003277

**Entity Name:** FOUNDATION FOR NEW EDUCATION INITIATIVES, INC.**Current Principal Place of Business:**1450 NE 2ND AVENUE, SUITE 931  
MIAMI, FL 33132**Current Mailing Address:**1450 NE 2ND AVENUE, SUITE 931  
MIAMI, FL 33132**FEI Number:** 61-1566768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARVALHO, ALBERTO MMR.  
1450 NE 2ND AVENUE  
SUITE 912  
MIAMI, FL 33132 US*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

**Officer/Director Detail :**

Title MRS.  
Name TABARES HANTMAN, PERLA  
Address 1450 NE 2ND AVENUE, SUITE 700  
City-State-Zip: MIAMI FL 33132

Title MS.  
Name MUNILLA, NATACHA  
Address 7035G S.W. 47 STREET  
City-State-Zip: MIAMI FL 33131

Title MS.  
Name NELSON-GOEDERT, CAROLYN  
Address MIAMI-DADE COUNTY COUNCIL  
PTA/PTSA  
City-State-Zip: MIAMI FL 33132

Title MR.  
Name CARVALHO, ALBERTO M  
Address 1450 NE 2ND AVENUE, SUITE 912  
City-State-Zip: MIAMI FL 33132

Title DR.  
Name SHAFFER, PENNY  
Address 8400 N.W. 33RD STREET, SUITE 100  
City-State-Zip: MIAMI FL 33122

Title MS.  
Name WILLIAMSON, JULIE A  
Address ONE SOUTHEAST THIRD AVENUE,  
25TH FLOOR  
City-State-Zip: MIAMI FL 33131

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:** ALBERTO M. CARVALHO**SUPERINTENDENT OF  
SCHOOLS**

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date