

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 13, 2009**  
**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:**JUGO, ALFONSO  
25 N.E. 2ND ST  
MIAMI, FL 33132 US**Name and Address of New Registered Agent:**O'ROURKE, JAMES  
25 N.E. 2ND ST  
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: JAMES O'ROURKE

09/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLOCK PEREZ, MARY BETH  
Address: 22400 KINGMAN ROAD  
City-St-Zip: MIAMI, FL 33170

Title: V ( ) Delete  
Name: ACUNA, ERLA  
Address: 5033 N.W. 7TH ST  
City-St-Zip: MIAMI, FL 33126

Title: T ( ) Delete  
Name: JUGO, ALFONSO  
Address: 428 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: O'FARRILL-BARRANCO, SONIA  
Address: 6486 SW 13TH STREET  
City-St-Zip: MIAMI, FL 33144

Title: V (X) Change ( ) Addition  
Name: SCHEER, PATRICIA  
Address: 7277 S. WATERWAY DRIVE  
City-St-Zip: MIAMI, FL 33155

Title: S (X) Change ( ) Addition  
Name: CSETE, MARILYN  
Address: 595 HIBISCUS LANE  
City-St-Zip: MIAMI, FL 33137

Title: T ( ) Change (X) Addition  
Name: O'ROURKE, JAMES  
Address: 11767 SW 90TH TERRACE  
City-St-Zip: MIAMI, FL 33186

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: JAMES O'ROURKE

T

09/13/2009

Electronic Signature of Signing Officer or Director

Date