

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009079

FILED
Mar 21, 2009
Secretary of State

Entity Name: INTERNATIONAL PROFESSIONAL RESEARCH AND EDUCATIONAL INSTITUTE CORP

Current Principal Place of Business:

240 N.W. 114 AVE
UNIT 101
FLORIDA, FL 33172

New Principal Place of Business:

Current Mailing Address:

240 N.W. 114 AVE
UNIT 101
FLORIDA, FL 33172

New Mailing Address:

FEI Number: 37-1527805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANIZALES, AMBAR
240 N.W. 114 AVE
UNIT 101
MIAMI, FL 33172 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: CANIZALEZ, AMBAR
Address: 240 NW 114 AVE # 101
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: LIBANO, GLADYS
Address: 15629 SW 73 CT # 99
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: ALVA, SAJ
Address: 15629 SW 73 CT
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: HERNANDEZ, CHARLES
Address: 15629 SW 73 CT
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: MESSNER, RALPH
Address: 400 CENTRAL PARK WEST #10B
City-St-Zip: NEW YORK, NY 10025

Title: V () Delete
Name: MERINO, MARIA A
Address: 15629 SW 73 CT # 99
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMBAR CANIZALES

P

03/21/2009

Electronic Signature of Signing Officer or Director

Date