

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003277

FILED
Jun 08, 2009
Secretary of State

Entity Name: FOUNDATION FOR NEW EDUCATION INITIATIVES, INC.

Current Principal Place of Business:

1450 NE 2ND AVENUE, SUITE 202
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1450 NE 2ND AVENUE, SUITE 202
MIAMI, FL 33132

New Mailing Address:

FEI Number: 61-1566768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CREW, RUDOLPH F DR.
1450 NE 2ND AVENUE, SUITE 202
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

CARVALHO, ALBERTO M MR.
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: ALBERTO M. CARVALHO

06/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARRERA, AGUSTIN J
Address: 1450 NE 2ND AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: CREW, RUDOLPH F DR.
Address: 1450 NE 2ND AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: LEBRIJA, LORENZO
Address: 1450 NE 2ND AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: THORMAN, DAMIAN
Address: 1450 NE 2ND AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33132

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: PEREZ, MARTA
Address: 1450 NE 2ND AVENUE, SUITE 728
City-St-Zip: MIAMI, FL 33132

Title: MR. (X) Change () Addition
Name: CARVALHO, ALBERTO M MR.
Address: 1450 NE 2ND AVENUE, SUITE 912
City-St-Zip: MIAMI, FL 33132

Title: MR. (X) Change () Addition
Name: THORMAN, DAMIAN
Address: 200 SOUTH BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33131

Title: DR. (X) Change () Addition
Name: SHAFFER, PENNY
Address: 8400 N.W. 33RD STREET, SUITE 100
City-St-Zip: MIAMI, FL 33122

Title: MS. () Change (X) Addition
Name: GOULD, MINDY
Address: MIAMI-DADE COUNTY COUNCIL PTA/PTSA
City-St-Zip: MIAMI, FL 33132

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: ALBERTO M. CARVALHO

MR.

06/08/2009

Electronic Signature of Signing Officer or Director

Date