2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010715

City-St-Zip:

NORTH MIAMI, FL 33161

FILED Jul 30, 2009 Secretary of State

DOCUMENT# N00000010713			Secretary of State	
Entity Nar	me: SAVVY PARENTS INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
13350 N.E. 3RD CT MIAMI, FL 33161		835 NORTHEAST 13: MIAMI, FL 33161	835 NORTHEAST 132ND STREET MIAMI, FL 33161	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
13350 N.E MIAMI, FL				
FEI Number: In accordance	FEI Number Applied For (X) FEI ce with s. 607.193(2)(b), F.S., the corporation did not rece	I Number Not Applicable() ive the prior notice.	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
BICABA, EILEEN 13350 N.E. 3RD CT MIAMI, FL, FL 33161 US		BICABA, EILEEN 13350 N.E. 3RD CT MIAMI, FL 33161 U	JS	
	named entity submits this statement for the purpose of Florida.	se of changing its registere	ed office or registered agent, or both,	
SIGNATURE: EILEEN BICABA			07/30/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BICABA, EILEEN 13350 N.E. 3RD CT MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete CRUZ-ROBERTSON, ELENA 801 SW 3RD AVENUE HALLANDALE BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () Delete YOVENA, DODARD 495 N.E. 144 STREET	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: EILEEN BICABA PRES 07/30/2009