## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000109433

Entity Name: RAISING A PARENT, INC.

**FILED** May 06, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1800 N BAYSHORE DRIVE APT 2412 1750 N BAYSHORE DRIVE

MIAMI, FL 33132 4114

MIAMI, FL 33132

**Current Mailing Address: New Mailing Address:** 

1800 N BAYSHORE DR APT 2412 1750 N BAYSHORE DR APT MIAMI, FL 33132

4114

MIAMI, FL 33132

FEI Number: 06-1652718 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: PRESS, JILL M

Name: Name: PRESS, JILL M 1800 N BAYSHORE DRIVE APT. 2412 1750 N BAYSHORE DRIVE 4114 Address: Address:

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: ٧S Title: ٧S () Delete (X) Change ( ) Addition

PRESS, JACK Name: PRESS, JACK Name:

1800 N BAYSHORE DRIVE APT. 2412 Address: 1750 N BAYSHORE DRIVE 4114 Address:

MIAMI, FL 33132 City-St-Zip: City-St-Zip: MIAMI, FL 33132

( ) Delete Title: Title: () Change () Addition

KLASKIN, STUART A Name: Name: P.O. BOX 14132 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JILL M. PRESS 05/06/2009