

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90069 027 ****61.25

DOCUMENT # N00000003846

1. Entity Name
BILINGUAL SCHOOLS ASSOCIATION, INC. BISA



Principal Place of Business
**904 SW 23RD AVE.
MIAMI, FL 33135**

Mailing Address
**904 SW 23RD AVE.
MIAMI, FL 33135**

40052340



02212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1019183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, JR., DEMETRIO M.S.
904 SW 23RD AVE.
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESPINOSA, ROLANDO DR.
STREET ADDRESS	904 SW 23 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	MARI, ARMINDA DR.
STREET ADDRESS	904 SW 23 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	PEREZ, JR., DEMETRIO M.S.
STREET ADDRESS	904 SW 23RD AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 305-6434888

Date

Daytime Phone #