


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

**FILED
Jul 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # N99000003204
1. Entity Name
BLUE LAKES AUTISM SUPPORT TEAM, INC.



Principal Place of Business
**BLUE LAKES ELEMENTARY SCHOOL
9250 SOUTHWEST 52ND TERRACE
MIAMI, FL 33165**

Mailing Address
**C/O FARIDES GARCIA
5108 DONATELLO STREET
CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE



07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0928441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, FARIDES
5108 DONATELLO STREET
CORAL GABLES, FL 33146**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, FARIDES 5108 DONATELLO STREET CORAL GABLES, FL 33146
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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: *Farides Garcia* **FARIDES GARCIA** 7/5/06 (305) 664-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #