

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003204

**Entity Name:** BEYOND LIMITS AUTISM SUPPORT & THERAPY INC

**Current Principal Place of Business:**

5108 DONATELLO STREET  
CORAL GABLES, FL 33146

**Current Mailing Address:**

5108 DONATELLO STREET  
CORAL GABLES, FL 33146

**FEI Number:** 65-0928441

**Certificate of Status Desired:** No

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

GARCIA, FARIDES  
5108 DONATELLO STREET  
CORAL GABLES, FL 33146 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

**Officer/Director Detail :**

Title S  
Name GARCIA, FARIDES  
Address 5108 DONATELLO STREET  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE:** FARIDES GARCIA

**SECRETARY**

**06/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date