

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000023158

Entity Name: SOUTHSORE BILINGUAL THERAPY INC.

Current Principal Place of Business:

707 W LAKE DR
WIMAUMA, FL 33598

Current Mailing Address:

707 W LAKE DR
WIMAUMA, FL 33598 US

FEI Number: 82-5095865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAONA, LUZ E
418 YORK DALE DR
RUSKIN, FL 33570 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 P
Name GAONA, LUZ E
Address 418 YORK DALE DR
City-State-Zip: RUSKI FL 33570

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUZ E GAONA

OWNER

03/07/2025

Electronic Signature of Signing Officer/Director Detail

Date