

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 733002</b>	
1. Entity Name BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.	
Principal Place of Business 2732 SW 32ND AVE MIAMI, FL 33133	Mailing Address 2732 SW 32ND AVE MIAMI, FL 33133



01152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1410520	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  BRITO, ANTONIO 2732 SW 32ND AVE MIAMI, FL 33133	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000078932  
03/08/04-80045-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRITO, ANTONIO 2732 S.W. 32ND AVENUE MIAMI, FLORIDA 33144,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CASANOVA, ALICIA 12101 S.W. 34TH STREET MIAMI, FL 331753100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VALDES, NERIDA 2732 SW 32ND AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JIMENEZ-FOYO, MARGARITA 2732 SW 32ND AVE MIAMI, FL 33133
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 exemption stated in Section 119.07(3)(f), 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:**

**ANTONIO BRITO, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/04 305-448-1469