

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733002

FILED
Feb 13, 2006
Secretary of State

Entity Name: BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.

Current Principal Place of Business:

2732 SW 32ND AVE
MIAMI, FL 33133

New Principal Place of Business:

3720 EAST 4TH AVE
HIALEAH, FL 33013

Current Mailing Address:

2732 SW 32ND AVE
MIAMI, FL 33133

New Mailing Address:

3720 EAST 4TH AVE
HIALEAH, FL 33013

FEI Number: 59-1410520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRITO, ANTONIO
2732 SW 32ND AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

JIMENEZ-FOYO, MARGARITA
3720 EAST 4TH AVE
HIALEAH, FL 33013 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: M.JIMENEZ

02/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRITO, ANTONIO,
Address: 2732 S.W. 32ND AVENUE
City-St-Zip: MIAMI, FLORIDA 33144,

Title: VPD () Delete
Name: CASANOVA, ALICIA,
Address: 12101 S.W. 34TH STREET
City-St-Zip: MIAMI, FL 331753100

Title: S () Delete
Name: VALDES, NERIDA
Address: 2732 SW 32ND AVE
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: JIMENEZ-FOYO, MARGARITA
Address: 2732 SW 32ND AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JIMENEZ-FOYO, MARGAR, ITA
Address: 3720 EAST 4TH AVE
City-St-Zip: HIALEAH,, FL 33013

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VALDES, CARIDAD
Address: 3720 EAST 4TH AVE
City-St-Zip: HIALEAH, FL 33013

Title: T (X) Change () Addition
Name: VALDES, NERIDAD
Address: 3720 EAST 4TH AVE
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARITA JIMENEZ-FOYO

MS.

02/13/2006

Electronic Signature of Signing Officer or Director

Date