

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 733002

1. Entity Name
BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.



Principal Place of Business
**3720 EAST 4TH AVE
HIALEAH, FL 33013**

Mailing Address
**3720 EAST 4TH AVE
HIALEAH, FL 33013**



01202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1410520

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JIMENEZ-FOYO, MARGARITA
3720 EAST 4TH AVE
HIALEAH, FL 33013**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/07

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



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

**1100000645236
03/02/07-80076-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JIMENEZ-FOYO, MARGARITA
3720 EAST 4TH AVE
HIALEAH, FL 33013**

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, CARIDAD
3720 EAST 4TH AVE
HIALEAH, FL 33013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VALDES, NERIDAD
3720 EAST 4TH AVE
HIALEAH, FL 33013**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07

DATE

Daytime Phone #