


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
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP CR2E037 (4/06)

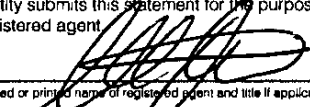
4. FEI Number 59-1410520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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:  DATE: 1/20/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

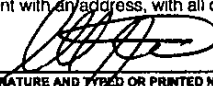
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

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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:  DATE: 1/20/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR