2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733002

FILED Jan 06, 2009 Secretary of State

Entity Name: BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	T 4TH AVE FL 33013			
Current Mailing Address:			New Mailing Address:	
	T 4TH AVE FL 33013			
El Number	: 59-1410520	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	T 4TH AVE FL 33013 L	JS		
the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida. Î	·		
the Stat	e of Florida. Î	ic Signature of Registered Age	ent	ed office or registered agent, or both, Date BES TO OFFICERS AND DIRECTOR
the Stat	e of Florida. RE: Electron S AND DIREC PD ()	ic Signature of Registered Age TORS: Delete D, MARGAR, ITA	ent	Date
the State IGNATU FFICER tle: ame: ddress:	e of Florida. RE: Electron S AND DIREC PD () JIMENEZ-FOYO 3720 EAST 4TH HIALEAH,, FL 3	TORS: Delete D, MARGAR, ITA H AVE 33013 Delete ICIA, TH STREET	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
the State IGNATU FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electron S AND DIREC PD () JIMENEZ-FOYO 3720 EAST 4TH HIALEAH,, FL 3 VPD () CASANOVA, AL 12101 S.W. 34* MIAMI, FL 331*	TORS: Delete D, MARGAR, ITA H AVE 33013 Delete ICIA, TH STREET 753100 Delete DAD H AVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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 MS. 01/06/2009