

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90045 003 ****61.25

DOCUMENT # F03000000718					
1. Entity Name ASOCIACION DEL INSTITUTO DE LENGUA ESPANOLA, INC.					
Principal Place of Business DE LA MARGARITA 100MTS SUR SAN FRANCISCO DE DOS RIOS SAN JOSE COSTA RICO, O C OC			Mailing Address APDO.100-2350 SAN FRANCISCO DE DOS RIOS SAN JOSE, COSTA RICA, OC		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02042005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 35-2196450	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIRENA, R. GLADYS 5465 NW 36TH STREET MIAMI SPRINGS, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME COBLE, AULDEN STREET ADDRESS B VRGAS ARAYA SAN PEDRO CITY-ST-ZIP SAN JOSE, COSTA RICA,	<input checked="" type="checkbox"/> Delete		TITLE PD NAME COLLIER, PAUL STREET ADDRESS SAN FCO DE DOS RIOS.. CITY-ST-ZIP SAN JOSE, COSTA RICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME CEVALLOS, ESTHELA STREET ADDRESS HOSPITAL CLINICA BIBLICA CITY-ST-ZIP SAN JOSE, COSTA RICA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ARTHUR, CARL STREET ADDRESS B EL FARO SAN FRANCISCO DE DOS RIOS CITY-ST-ZIP SAN JOSE, COSTA RICA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GRASMAN, DARREL STREET ADDRESS SAN PEDRO MONTES DE OLA CITY-ST-ZIP SAN JOSE, COSTA RICA,	<input checked="" type="checkbox"/> Delete		TITLE TD NAME DUARTE, NERY STREET ADDRESS SAN ISIDRO CITY-ST-ZIP HEREDIA, COSTA RICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME CHAMBERLAIN, JULIE ANN STREET ADDRESS APDO.100-2350, SAN FRANCISCO DE DOS RIOS CITY-ST-ZIP SAN JOSE, COSTA RICA,	<input checked="" type="checkbox"/> Delete		TITLE D NAME GRUMBLES, PAMELA STREET ADDRESS SAN FCO DE DOS RIOS CITY-ST-ZIP SAN JOSE, COSTA RICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME CHAMBERLAIN, JULIE A STREET ADDRESS B LINCOLN CITY-ST-ZIP SAN JOSE, COSTA RICA,	<input type="checkbox"/> Delete		TITLE M NAME CHAMBERLAIN, JULIE A. STREET ADDRESS B LINCOLN, SAN FCO 2 RIOS CITY-ST-ZIP SAN JOSE, COSTA RICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Julie A. Chamberlain</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4 February 2005 011-506-227-7366 <small>Date Daytime Phone #</small>		

Julie A. Chamberlain