

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005886**

1. Entity Name

**BILINGUAL LANGUAGE SERVICES, INC.**



Principal Place of Business

**843 CYPRESS PKWY SUITE 401  
POICIANA, FL 34759**

Mailing Address

**843 CYPRESS PKWY SUITE 401  
POICIANA, FL 34759**



02012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2094238**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, RICARDO  
843 CYPRESS PKWY SUITE 401  
POICIANA, FL 34759**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	GONZALEZ, RICARDO
STREET ADDRESS	843 CYPRESS PKWY SUITE 401
CITY- ST- ZIP	POICIANA, FL 34759
TITLE	VCVP
NAME	GONZALEZ, CECELIA
STREET ADDRESS	843 CYPRESS PKWY SUITE 401
CITY- ST- ZIP	POICIANA, FL 34759
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000421191  
02/16/06-80026-017 150.00

**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 607, 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

**Ricardo Gonzalez 2/01/06 863-427-3526**

Date

Daytime Phone #