## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003846

Entity Name: BILINGUAL SCHOOLS ASSOCIATION, INC. BISA

FILED Jaņ 1<u>5, 2</u>009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

904 SW 23RD AVE. 2700 SW 8 ST MIAMI, FL 33135 MIAMI, FL 33135

**Current Mailing Address: New Mailing Address:** 

904 SW 23RD AVE 2700 SW 8 ST MIAMI, FL 33135 MIAMI, FL 33135

FEI Number: 65-1019183 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEMETRIO J. PEREZ & ASSOCIATES, P.A. DEMETRIO J. PEREZ & ASSOCIATES, P.A. 904 SW 23RD AVE. 2700 SW 8 ST MIAMI, FL 33135 202

MIAMI, FL 33135 US

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.

SIGNATURE: DEMETRIO J PEREZ 01/15/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PEREZ, DEMETRIO J PEREZ, DEMETRIO J Name: Name: Address:

904 SW 23 AVE Address: 2700 SW 8 ST City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135

Title: Title: (X) Change ( ) Addition ( ) Delete ESPINOSA, ARMINDA DR. Name: Name: ESPINOSA, ARMINDA DR.

Address: 904 SW 23 AVE Address: 2700 SW 8 ST City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135

Title: () Delete Title: (X) Change ( ) Addition ALCANTARA, DOMINICA DR. Name: ALCANTARA, DOMINICA DR. Name:

904 SW 23RD AVE. Address: Address: 2700 SW 8 ST City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135

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: DEMETRIO PEREZ D 01/15/2009