2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

1. Entity Name THE BILINGUAL COOPERATIVE PRESCHOOL, INC.						X (4-06-2005	90097 001 ***		
Principal Place of Business 1205 SUNSET DRIVE MIAMI, FL 33143			Mailing Address 1205 SUNSET DRIVE MIAMI, FL 33143							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04022005 C	- NO	000000000000000000000000000000000000000		
City & State		City & State			4. FEI Number	hg-NP 	CR2E037 (10/0	Applied For		
		Zip Countr			59-195638	33		Not Applicable		
: 		Country			шку	5. Certificate of St	tatus Desired	□ \$8./5 Fee Re	Additional quired	
	6. Name	e and Address of Current I	Registered Agent	····	Name /	7 Name and Add	tress of New R	legistered Agent		
NARDO, ANA					Gina Girala					
1507 CORDOVA STREET MIAMI, FL 33134					Street Address (P.O. Box Number is Not Acceptable)					
					5971	SW 87 S	itreet			
					City Sou	th Miai	mi	• • • • 5	Code 3/43	
The above the obligat	named entitions of regis	ty submits this statement for tered agent	the purpose of changing	its register	ed office or regis	stered agent, or both, in	the State of Flo	orlda. I am familiar	with, and accept	
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SIGNATURE .	Signature, types	d or printed name of registered againt a	and title if applicable. (N	OTE: Registers	d Agent signature regu	ulted when reinstating)		15/05 DATE	··· · · · · · · · · · · · · · · · · ·	
	Filing Co	- I- 604 25	9 Floriton C	ampaign F	inancina	AF 00		laka ahaak nayah		
	_	e is \$61.25 May 1, 2005	9. Election C	ampaign F d Contribut		\$5.00 May Be Added to Fees		ake check payat		
10.	Due by N		Trust Fund				Flor	ida Department d	of State	
TITLE	PD PD	May 1, 2005 OFFICERS AND DIR	Trust Fund	11.	ion.	Added to Fees ADDITIONS/CHANG	Flor	ida Department d	of State	
	PD NARDO,	May 1, 2005 OFFICERS AND DIR	Trust Fund	d Contribut 11. TITL	E D/E	Added to Fees ADDITIONS/CHANG / T na Girala	Flor ES TO OFFICE	Ida Department of RS AND DIRECTOR	of State	
TITLE NAME	PD NARDO, 1507 COI CORAL S	May 1, 2005 OFFICERS AND DIR	Trust Fund	11.	E DA	Added to Fees ADDITIONS/CHANG	Flor	Ida Department of RS AND DIRECTOR	of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD NARDO, 1507 CORAL S	May 1, 2005 OFFICERS AND DIR ANA RDOVA STREET SPRINGS, FL 33134	Trust Fund	11. TITLE NAME STREE CITY	E D D E G G G G ST-ZIP Sc2	Added to Fees ADDITIONS/CHANG TO Girala TO SW8751 with Miam.	Flor ES TO OFFICE Freet ; , FL	RS AND DIRECTOR Cha	of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARDO, 1507 COI CORAL S S MELLINI,	May 1, 2005 OFFICERS AND DIR ANA RDOVA STREET SPRINGS, FL 33134	Trust Fund ECTORS (SA) Delete	11. TITLE NAM STRE CITY NAM	E D D E G G G G ST-ZIP Sc2	Added to Fees ADDITIONS/CHANG TO Girala TO SW8751 with Miam.	Flor ES TO OFFICE Freet ; , FL	RS AND DIRECTOR Cha	of State RS IN 10 nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD NARDO, 1507 COI CORAL S S MELLINI, 7915 SW CORAL S	May 1, 2005 OFFICERS AND DIR ANA RDOVA STREET SPRINGS, FL 33134 CLARE	Trust Fund ECTORS (SA) Delete	11. TITLI NAM STRIC CITY NAM STRIC STRIC STRIC	E D / G i E	Added to Fees ADDITIONS/CHANG T na Girala 171 SW 8751	Floresto OFFICE	RS AND DIRECTOR Cha	of State RS IN 10 nge Addition	
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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 go address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 (305)665-3121