

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005949

Entity Name: FUN BILINGUAL INSTITUTE, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

14422 ROSEWOOD ROAD
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

14422 ROSEWOOD ROAD
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINDS, RICHARD
14422 ROSEWOOD ROAD
MIAMI LAKES, FL 33014

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HINDS, RICHARD
Address: 14422 ROSEWOOD ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: CRUZ, LIZANN
Address: 14422 ROSEWOOD ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: CRUZ, YNES
Address: 14422 ROSEWOOD ROAD
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD HINDS

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date