

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008391

FILED
May 01, 2006
Secretary of State

Entity Name: BILINGUAL COUNSELING SERVICES, INC.

Current Principal Place of Business:

2728 LANCASTER CT.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2728 LANCASTER CT.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 05-0611699 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ECHEVERRY, JULIAN
1298 BLYTHE AVE
DELTONA, FL 32725 US

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: C () Delete
Name: LEON, SONIA
Address: 200 AFTON SQ #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: ECHEVERRY, JULIAN
Address: 1298 BLYTHE AVE
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: NAVIA, VICTORIA
Address: 1298 BLYTHE AVE
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: MARTINEZ, CARLOS
Address: 12520 GREAT PARK CIRCLE
City-St-Zip: GERMANTOWN, MD 20876

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:

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 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: SONIA E. LEON

CEO

05/01/2006

Electronic Signature of Signing Officer or Director

Date