


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43729</b> 1. Entity Name <b>BROWARD ASSOCIATION OF FOREIGN LANGUAGE EDUCATORS, INC.</b>	
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Principal Place of Business <b>1441 S FEDERAL HWY FORT LAUDERDALE, FL 33316</b>	Mailing Address <b>2462 SW 12 COURT DEERFIELD BEACH, FL 33442</b>
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0302524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUZ-COLLINS, LILLIAN  
2462 SW 12 STREET  
DEERFIELD BEACH, FL 33442**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ-COLLINS, LILLIAN 2462 SW 12 CT DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAYARD, SHIRLEY 3600 MYSTIC POINT DR #1509 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARR, MELANIE 9262 NW 24 PLACE SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRITO, ROBERT 1741 HARBORSIDE DR FT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESPOSITO, LINDA 1441 S FEDERAL HWY FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORENO, VENECIA 1441 S FEDERAL HWY FORT LAUDERDALE, FL 33316

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400000066017  
02/25/04-80061-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered.

**SIGNATURE:** Linda Esposito, Treas. 2/20/04 954-648-1921  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #