


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90013 041 \*\*\*\*61.25

<b>DOCUMENT # N43729</b> 1. Entity Name <b>BROWARD ASSOCIATION OF FOREIGN LANGUAGE EDUCATORS, INC.</b>					
Principal Place of Business <b>1441 S FEDERAL HWY FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>1155 NW 114 AVE CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business - No P.O. Box # <b>1441 S. Federal Hwy</b>		3. Mailing Address <b>437 Vista Isles Dr #2212</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Sunrise, FL 33325</b>		4. FEI Number <b>65-0302524</b>	
Zip <b>33316</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ESPOSITO, LINDA 1155 NW 114 AVE. CORAL SPRINGS, FL 33071</b>			7. Name and Address of New Registered Agent Name <b>Lopez-Diaz, Katya</b> Street Address (P.O. Box Number is Not Acceptable) <b>437 Vista Isles Dr #2212</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33325</b>		
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 <b>Katya Lopez-Diaz</b> <b>Katya-Lopez Diaz - Treasurer</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, VENECIA 3141 N 72ND TER HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDEZ, GABRIELA 7325 NW 24TH ST MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESPOSITO, LINDA 1155 NW 114 AVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOFFER, YETTY 1441 S FEDERAL HWY FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Katya Lopez-Diaz</b> <b>Katya Lopez-Diaz</b> <b>4/17/07</b> <b>323-7500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					