

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90162 017 ***150.00

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1. Entity Name
SMART SPEECH BILINGUAL THERAPY, INC.



Principal Place of Business
**15840 SAUSALITO CIRCLE
CLERMONT, FL 34711**

Mailing Address
**15840 SAUSALITO CIRCLE
CLERMONT, FL 34711**

50024634



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. EEI Number **65-1144609** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLLERI, KARMARIE F
15840 SAUSALITO CIRCLE
CLERMONT, FL 34711**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **POLLERI, KARMARIE F**
STREET ADDRESS **15840 SAUSALITO CIRCLE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **VP**
NAME **POLLERI, IGNACIO**
STREET ADDRESS **15840 SAUSALITO CIRCLE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE
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IN THIS SPACE**

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 607, 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:

Karmarie Polleri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05 407-924-3502
Date Daytime Phone #