

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90014 037 \*\*\*150.00

**DOCUMENT # P02000083649**

1. Entity Name

**BILINGUAL THERAPY ASSOCIATES, INC.**



Principal Place of Business

1608 TOWN CENTER BLVD  
WESTON FL 33326

Mailing Address

16524 SADDLE CLUB RD  
WESTON FL 33326

44051761



MOORE CR2E034 (4/04)

2. Principal Place of Business

2685 Executive Park Dr.

Suite, Apt. #, etc.

4

City & State

Weston, FL

Zip

33331

Country

U.S.

3. Mailing Address

2685 Executive Park Dr.

Suite, Apt. #, etc.

4

City & State

Weston, FL

Zip

33331

Country

U.S.

4. FEI Number

14-1844929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, KAREN  
2845 SW 177TH TERRACE  
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name Karen Acosta

Street Address (P.O. Box Number is Not Acceptable)

4105 S.W. 148 Terr.

City Miramar

FL

Zip Code

33027

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

Karen Acosta / Karen Acosta / Vice-President

8/3/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME OCAMPO, MARCELA  
STREET ADDRESS 16524 SADDLE CLUB RD  
CITY-ST-ZIP WESTON FL 33326

TITLE DVS ☐ Delete  
NAME ACOSTA, KAREN  
STREET ADDRESS 2845 SW 177TH TERRACE  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS ☒ Change ☐ Addition  
NAME ACOSTA, KAREN  
STREET ADDRESS 2845 SW 177TH TERRACE  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/04 1954)385-3456  
Date Daytime Phone #