

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096395

**FILED**  
**Feb 06, 2006**  
**Secretary of State**

**Entity Name:** BILINGUAL SPEECH-LANGUAGE PATHOLOGY CENTER, INC.

**Current Principal Place of Business:**

7904 WEST DRIVE  
SUITE 508  
NORTH BAY VILLAGE, FL 33141

**New Principal Place of Business:**

1620 FIFTH AVE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

7904 WEST DRIVE  
SUITE 508  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

1620 FIFTH AVE  
LEHIGH ACRES, FL 33972

**FEI Number:** 03-0527251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, ALAIN  
7904 WEST DRIVE APT 508  
NORTH BAY VILLAGE, FL 33141 US

**Name and Address of New Registered Agent:**

LOPEZ, ALAIN  
1620 FIFTH AVE  
LEHIGH ACRES, FL 33972 US

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: \_\_\_\_\_

02/06/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LOPEZ, ALAIN  
Address: 7904 WEST DRIVE APT 508  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LOPEZ, ALAIN  
Address: 1620 FIFTH AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN LOPEZ

DP

02/06/2006

Electronic Signature of Signing Officer or Director

Date