

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165037

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: JOA BILINGUAL SPEECH THERAPY, INC.

## Current Principal Place of Business:

2026 ALTA MEADOWS LANE  
911  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

## Current Mailing Address:

2026 ALTA MEADOWS LANE  
911  
DELRAY BEACH, FL 33444

## New Mailing Address:

FEI Number: 20-1988440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARY COOPER, CPA, PA  
5700 NW 61 PLACE  
PARKLAND, FL 33067 US

## Name and Address of New Registered Agent:

GARY COOPER, CPA, PA  
7152 NW 71 TERRACE  
PARKLAND, FL 33067 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:

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OJEDA, MARIA J  
Address: 2026 ALTA MEADOWS LANE APT 911  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIA OJEDA

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date