



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90168 048 \*\*\*158.75

<b>DOCUMENT # P95000036738</b> 1. Entity Name <b>BILINGUAL EDUCATIONAL CENTER, INC.</b>					
Principal Place of Business <b>2727 SW 10 TERR</b> <b>CORAL GABLES, FL 33135</b>				Mailing Address <b>2727 SW 10 TERR</b> <b>CORAL GABLES, FL 33135</b>	
2. Principal Place of Business <b>2727 SW 10th Terrace</b> Suite, Apt. #, etc.		3. Mailing Address <b>2727 SW 10th Terrace</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, Florida</b> Zip <b>33135</b> Country		City & State <b>MIAMI, Florida</b> Zip <b>33135</b> Country		4. FEI Number <b>65-0584978</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>GANEM, NERCYS</b> <b>2727 SW 10 TERR</b> <b>MIAMI, FL 33135</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>GANEM, NERCYS</b> STREET ADDRESS <b>2727 SW 10 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>GONZALEZ-VEGA, DIANA</b> STREET ADDRESS <b>2727 SW 10 TERR.</b> CITY-ST-ZIP <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>April 28, 2006</b> Daytime Phone # <b>305-649-4626</b>		