

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000066337

**Entity Name:** MULTI-LINGUAL SPEECH GROUP, INC.

**Current Principal Place of Business:**

1380 NORTH KROME AVENUE  
SUITE 110  
FLORIDA CITY, FL 33034

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**1950011757CC**

**Current Mailing Address:**

P. O. BOX 363125  
SAN JUAN, OC 00936-3125 US

**FEI Number: 57-1172545**

**Certificate of Status Desired: Yes**

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

TAPIA, VANESSA M  
1380 NORTH KROME AVENUE  
SUITE 110  
FLORIDA CITY, FL 33034 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            TAPIA, VANESSA M  
Address        1380 NORTH KROME AVENUE, SUITE  
                  110  
City-State-Zip: FLORIDA CITY FL 33034

Title            TREA  
Name            TAPIA, ERIC R  
Address        1380 NORTH KROME AVENUE, SUITE  
                  110  
City-State-Zip: FLORIDA CITY FL 33034

Title            SECR  
Name            SANTIAGO, AIDA L  
Address        1380 NORTH KROME AVENUE, SUITE  
                  110  
City-State-Zip: FLORIDA CITY FL 33034

Title            VP  
Name            TAPIA, POLYANNE M  
Address        1380 NORTH KROME AVENUE, SUITE  
                  110  
City-State-Zip: FLORIDA CITY FL 33034

*I hereby 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 all other like empowered.*

**SIGNATURE: ERIC R TAPIA-MAISONET**

**TREASURER**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date