

**2013 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H12642		
1. Entity Name THE ENGLISH OFFICE, INC.		

Principal Place of Business 5200 NORTH FEDERAL HIGHWAY SUITE 2 FT. LAUDERDALE, FL 33308	Mailing Address 5200 NORTH FEDERAL HIGHWAY SUITE 2 FT. LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SILVER, JEANETTE M 7608 N.W. 18TH PLACE MARGATE, FL 33063	
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(H12642====P)

10212013 Chg-P CR2E034 (12/11)

4. FEI Number 59-2423947	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

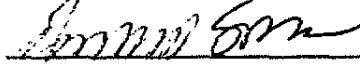
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when submitting.) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD SILVER, JEANETTE M 7608 N.W. 18TH PLACE MARGATE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 900253204349 10/25/13--01002--004 ***150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ E-MAIL ADDRESS _____

FILED

13 MAR 21 PM 1:39

DEPT. OF STATE
ALLAHASSEE, FLORIDA

10/18/13

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h12642-cad0ec2c-f1e0-479d-8f51-bd2f7fe26da2

Session file for H12642 with last modified date of 3/21/2013 1:24:08 PM Eastern Standard Time

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Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
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daf2aa67-dbca-4113-9fd8-37eaa3af2f76	H12642	0	2	1/20/2011 12:00:00 AM
dee01aaa-b954-410d-9db6-abc0ed360c79	H12642	0	2	4/29/2011 12:00:00 AM
h12642-cad0ec2c-f1e0-479d-8f51-bd2f7fe26da2	H12642	150	0	3/21/2013 1:24:10 PM

