

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L09968

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: CCLS - CULTURAL CENTER FOR LANGUAGE STUDIES CORPORATION

## Current Principal Place of Business:

3191 CORAL WAY, SUITE 114  
MIAMI, FL 33145 US

## New Principal Place of Business:

## Current Mailing Address:

3191 CORAL WAY  
SUITE 114  
MIAMI, FL 33145 US

## New Mailing Address:

FEI Number: 65-0138237      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONCALVES, LUIZ H MR.  
3191 CORAL WAY  
SUITE 114  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SKOLA, THOMAS J.,  
Address: 1001BRICKELL BAY DR., SUITE 1508  
City-St-Zip: MIAMI, FL 33131

Title: CD ( ) Delete  
Name: LIMA, WALDYR,  
Address: 3191 CORAL WAY, SUITE 114  
City-St-Zip: MIAMI, FL

Title: VC ( ) Delete  
Name: LIMA FILHO, WALDYR MR  
Address: 3191 CORAL WAY, SUITE 114  
City-St-Zip: MIAMI, FL 33145

Title: P ( ) Delete  
Name: GONCALVES, LUIZ H MR  
Address: 3191 CORAL WAY, SUITE 114  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: PINHO, CAROLIAN A MRS  
Address: 3191 CORAL WAY, SUITE 114  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: LIMA FILHO, RAUL MR  
Address: 3191 CORAL WAY, SUITE 114  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LUIZ H. GONCALVES

P

04/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date