

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L09968

FILED
Apr 10, 2009
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, CAROLINA 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: VP (X) Change () Addition
Name: PINHO, CAROLINA A MRS
Address: 3191 CORAL WAY, SUITE 114
City-St-Zip: MIAMI, FL 33145

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

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

PRES

04/10/2009

Date