

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L09968

FILED  
Mar 15, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: LUIZ H. GONCALVES

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date