2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State 0 0 0 0 0 0 0 0 0 0 **N03000006561** 04-29-2004 90322 050 ****61.25 1. Entity Name SPEAK EASY EARLY LANGUAGE DEVELOPMENT AND LEARNING CENTER, INC. Principal Place of Business Mailing Address 3970 N.W. 167TH ST. 3970 N.W. 167TH ST. 14013551 MIAMI, FL 33055 MIAMI, FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252004 חמחחת 0 0 00000 0000000 City & State Applied For City & State 4. FEI Number Not Applicable Zip Country **\$8.75** commoo 5. Certificate of Status Desired П 00000 0000000 8. Name and Address of Current Registered Agent* 7. Name and Address of New Registered Agent Name BEASLEY, MARY Street Address (P.O. Box Number is Not Acceptable) 5018 S.W. 168TH AVE. MIRAMAR, FL 33027 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** a acca ac Trust Fund Contribution. Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PD TITLE Delete ☐ Change ☐ Addition BEASLEY, MARY NAME NAME STREET ADDRESS 5018 S.W. 168TH AVE. STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-7IP CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition JABALI, WARREN NAME 5018 S.W. 168TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition BRYANT, GWENDOLYN L NAME NAME STREET ADDRESS *8937 N.W. 194 TERR: STREET ADDRESS MIAMI, FL 33018 CITY-ST-7IP CITY-ST-7IP TITLE Delete TIFLE ☐ Change Addition CROSKEY, LUVERNICE H NAME NAME STREET ADDRESS 1610 N.W. 170 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change ☐ Addition DOLAN, GERRI NAME NAME STREET ADDRESS 1292 N.E. 105TH ST. STREET ADDRESS MIAMI SHORES, FL 33138 CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

MARY BEASLEY

FILED