

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008843

FILED
Apr 14, 2008
Secretary of State

Entity Name: SLS LANGUAGE & CULTURE, INC.

Current Principal Place of Business:

1521 SW 193 AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1521 SW 193 AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 26-0845442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, OLGA
1521 SW 193 AVENUE
PEMBROKE PINES, FL 33029 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: D () Delete
Name: GONZALEZ, PHILIP
Address: 1521 SW 193 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: RAMIREZ, JORGE
Address: 362 BRIDGESTONE ROAD
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: PEREZ, OLGA ROJAS
Address: 11934 SW 123 CT
City-St-Zip: MIAMI, FL 33186

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA GONZALEZ

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date