

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008843

FILED
May 05, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GONZALEZ, OLGA
1521 SW 193 AVENUE
PEMBROKE PINES, FL 33029 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: RAMIREZ, JORGE
Address: 1521 SW 193 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

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 DE GONZALEZ

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05/05/2009

Electronic Signature of Signing Officer or Director

Date