


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90047 034 \*\*\*150.00

<b>DOCUMENT # P01000042010</b> 1. Entity Name <b>ACENTO LANGUAGE SERVICES CORP.</b>																																			
Principal Place of Business <b>4886 NW 97TH PLACE MIAMI, FL 33178</b>		Mailing Address <b>4886 NW 97 PLACE MIAMI, FL 33178</b>																																	
2. Principal Place of Business <b>5731 NW 114 PATH</b>		3. Mailing Address <b>5731 NW 114 PATH</b>																																	
Suite, Apt. #, etc. <b>APT 106</b>		Suite, Apt. #, etc. <b>APT 106</b>																																	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>																																	
Zip <b>33178</b>	Country	Zip <b>33178</b>	Country																																
4. FEI Number <b>65-1095325</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>MENDOZA, ISABEL 4886 NW 97TH PLACE MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>5731 NW 114 PATH, APT 106</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33178</b>																																	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Isabel Mendoza</i></u> <b>ISABEL MENDOZA, PRESIDENT</b> <b>3/10/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>P</b>  <b>MENDOZA, ISABEL</b>  <b>4886 NW 97TH PLACE</b>  <b>MIAMI, FL 33178</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MENDOZA, ISABEL</b> <b>4886 NW 97TH PLACE</b> <b>MIAMI, FL 33178</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>5731 NW 114 PATH, APT 106</b>  <b>MIAMI, FL 33178</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5731 NW 114 PATH, APT 106</b> <b>MIAMI, FL 33178</b>														
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																			
SIGNATURE: <u><i>Isabel Mendoza</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>ISABEL MENDOZA</b> <b>3/10/05</b> <b>(305) 513-8459</b> <small>Date Daytime Phone #</small>																																	