

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000048338

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** CROSS CULTURAL COMMUNICATION SYSTEMS OF FLORIDA, INC.

**Current Principal Place of Business:**

1313 PONCE DE LEON BLVD., STE. 301  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1313 PONCE DE LEON BLVD., STE. 301  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 01-0685916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SEVIN, NORMAN M  
1313 PONCE DE LEON BLVD., STE. 301  
CORAL GABLES, FL 33134 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: DPST  
Name: ARAUJO-LANE, ZARITA  
Address: 800 WEST CUMMINGS PARK STE 3800-3900  
City-St-Zip: WOBURN, MA 01801 US

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: ZARITA ARAUJO-LANE

DPST

01/31/2011

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

\_\_\_\_\_  
Date