2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 22, 2004 8:00 am **Secretary of State DOCUMENT # P01000091555** 1. Entity Name 03-22-2004 90298 034 \*\*\*150.00 THE LANGUAGE GROUP, INC. Principal Place of Business Mailing Address 3900 NW 79 AVE SUITE 390 32 & MIAMI FL 33166 3900 NW 79 AVE J4UJ4167 SUITE 330 32 & MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 3900 NW 79 AVE 3900 NW 79 AW. Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 328 328 City & State City & State 4. FEI Number Applied For n. 65-1137861 Mismi ъ mani Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33166 DADE DEA(L 33 166 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCO, LOUIS P. FRANCO, LOUIS R Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79 AVE STE 330 **MIAMI FL 33166** NW 79 AW 51E 328 Zip Code 33/66 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** Delete ☐ Change Addition TITLE TITLE FRANCO, LOUIS R NAME NAME STREET ADDRESS 10031 S W 40TH TERRACE STREET ADDRESS MIAMI FL 33165-5026 CITY-ST-ZIP CITY-ST-ZIP VTD TITLE ☐ Delete TITLE ☐ Change Addition FRANCO, PAULA NAME 10031 S W 40TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165-5026 CITY-ST-ZIP TITLE Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete BUE TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 nt with an address, with all other like empowered.

FILED