

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-05-2005 90049 038 ***150.00

DOCUMENT # P01000091555

1. Entity Name

THE LANGUAGE GROUP, INC.



Principal Place of Business

3900 NW 79 AVE
STE 328 330
MIAMI FL 33166

Mailing Address

3900 NW 79 AVE
STE 328 330
MIAMI FL 33166

2. Principal Place of Business

3900 NW 79 AVE

3. Mailing Address

3900 NW 79 AVE

Suite, Apt. #, etc.

SUITE 330

Suite, Apt. #, etc.

SUITE 330

City & State

DORAL, FL.

City & State

DORAL, FL.

Zip

33166

Country

USA

Zip

33166

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1137861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCO, LOUIS R
3900 NW 79 AVE
STE 328 330
MIAMI FL 33166

CHANGE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME FRANCO, LOUIS R
STREET ADDRESS 10031 S W 40TH TERRACE
CITY-ST-ZIP MIAMI FL 33165-5026

TITLE VTD ☐ Delete
NAME FRANCO, PAULA
STREET ADDRESS 10031 S W 40TH TERRACE
CITY-ST-ZIP MIAMI FL 33165-5026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 463-0809