


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90306 045 ***150.00

DOCUMENT # P02000008901 1. Entity Name ADVICE LANGUAGE SCHOOL, INC.			
Principal Place of Business 2901 PONCE DE LEON BLVD 3RD FLOOR CORAL GABLES, FL 33134		Mailing Address 2901 PONCE DE LEON BLVD 3RD FLOOR CORAL GABLES, FL 33134	
2. Principal Place of Business 3782 SW 27 Street		3. Mailing Address 3782 SW 27 Street	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33134		Zip 33134	
Country _____		Country _____	
4. FEI Number 80-0028988		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNIE, SUSANA H 2901 PONCE DE LEON BLVD 3RD FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name BERUTTI, SUSANA M Street Address (P.O. Box Number is Not Acceptable) 3782 SW 27 STREET City MIAMI FL Zip Code 33134	
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 _____ DATE 04/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERUTTI, CLAUDIO R 2901 PONCE DE LEON BLVD., 3RD FLOOR CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3782 SW 27 Street MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALFONSO, SUSANA M 2901 PONCE DE LEON BLVD., 3RD FLOOR CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3782 SW 27 Street MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/24/04 Daytime Phone # 305-529-0100	