2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014528

1301 E ATLANTIC BLVD

POMPANO BEACH, FL 33060

Address: City-St-Zip:

Entity Name: BLACK DIAMOND LANGUAGE SERVICES, INC

FILED Apr 29, 2008 Secretary of State

Entity Name: BLACK DIAMOND LANGUAGE SERVICES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	T ATLANTIC I D BEACH, FL				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1301 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060					
FEI Number	: 01-0588642	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5411 NOR SUITE: 20	, C ANTHON' TH UNIVERS 1 PRINGS, FL	SITY DRIVE	517 S.W. 1ST AVENUE	RUMORE, C ANTHONY 517 S.W. 1ST AVENUE FORT LAUDERDALE, FL 33301 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/29/2008	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WINTER, JOH 1301 EAST A) Delete IN T FLANTIC BLVD. EACH, FL 33060	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	WINTER, JAN 1301 EAST A) Delete ICE T FLANTIC BLVD. EACH, FL 33060	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	D (THOMPSON,) Delete JASON L	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JASON THOMPSON DIR 04/29/2008