

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90022 049 ***158.75

DOCUMENT # P02000058726					
1. Entity Name LANGUAGE RESOURCE, INC.					
Principal Place of Business 9717 SW 7 ST MIAMI, FL 33174-1868 US			Mailing Address 9717 SW 7 ST MIAMI, FL 33174-1868 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0704568	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KENT, JIM 10621 N KENDALL DR, STE 120 MIAMI, FL 33176				7. Name and Address of New Registered Agent Name: <u>ARACELI WRIGHT</u> Street Address (P.O. Box Number is Not Acceptable): <u>9717 SW 7 STREET</u> City: <u>MIAMI</u> FL Zip Code: <u>33174-1868</u>	
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: <u>ARACELI WRIGHT</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2-9-2005</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 WRIGHT, ARACELI(ANGIE) 9717 SW 7 ST MIAMI, FL 331741868	<input type="checkbox"/> Delete			
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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 687, 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: <u>ARACELI WRIGHT</u> <u>2-9-2005</u> (305) 485-1060 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					