

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110268

Entity Name: I2I LANGUAGE SERVICES, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

435 SW 2ND ST
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 2644
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 57-1135404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARENAS, VERONICA
9200 NW 131 CT.
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARENAS, VERONICA
Address: 9200 NW 131 CT
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: ARENAS, EDUARDO
Address: 435 SW 2ND ST
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: VERONICA ARENAS

MRS.

05/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date