

*****REVISED*****

FILED

03 NOV 26 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000114688 1. Entity Name LINGUAGLOSSA INC.			
Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 2104 MIAMI, FL 33131		Mailing Address 1001 BRICKELL BAY DRIVE SUITE 2104 MIAMI, FL 33131	
2. Principal Place of Business 915 Middle River Drive Suite, Apt. #, etc. Suite 506 City & State Fort Lauderdale, FL Zip 33304		3. Mailing Address 915 Middle River Drive Suite, Apt. #, etc. 506 City & State Fort Lauderdale Zip 33304 Country USA	
4. FEI Number 05-0537952		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MORANIS, GEORGE R JR. 915 MIDDLE RIVER DRIVE SUITE 506 FORT LAUDERDALE, FL 33304	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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 address, with all other like empowered.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ARMANDO DE ARMAS 1001 BRICKELL BAY DRIVE #2104 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P Armando De Armas 1001 Brickell Bay Drive, #2104 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MONDOLFI, LIBERTO L 1001 BRICKELL BAY DRIVE #2104 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP/S Carina Russo 1001 Brickell Bay Drive, #2104 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	

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☒ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)

SIGNATURE:

ARMANDO DE ARMAS, DIRECTOR

11/10/03

SIGNATURE AND ADDRESS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #