


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90030 037 \*\*\*150.00

<b>DOCUMENT # P03000081525</b>	
1. Entity Name LANGUAGES4ALL, INC.	

Principal Place of Business LAKESIDE EXECUTIVE SUITES, SUITE 137 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331	Mailing Address LAKESIDE EXECUTIVE SUITES, SUITE 137 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331
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94026164

2. Principal Place of Business 15075 Michelangelo Boulevard	3. Mailing Address 15075 Michelangelo Boulevard
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Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
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City & State Delray Beach, Florida	City & State Delray Beach, Florida
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Zip 33446	Country USA	Zip 33446	Country USA
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02132004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0120092	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SAGASER, TERESA I 75 VALENCIA AVENUE SUITE 800 CORAL GABLES, FL 33134	Name Eugenio J. López Street Address (P.O. Box Number is Not Acceptable) 15075 Michelangelo Blvd. #104 City Delray Beach FL Zip Code 33446
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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 Eugenio J. López  March 04, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LOPEZ, EUGENIO 1322 CROSSBILL COURT WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LOPEZ, EUGENIO 15075 Michelangelo Blvd. #104 Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUEDA, MARIA LUISA 1007 CALIBRE SPRINGS NE ATLANTA, GA 30342 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CASTELLANOS, GRACIELA 15075 Michelangelo Blvd. #104 Delray Beach, FL 33446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eugenio J. López  March 04, 2004 (561) 498-0797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #