## 2007 FOR PROFIT CORPORATION

## Mar 05, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P05000108662 03-05-2007 90051 029 \*\*\*150.00 1. Entity Name SECOND LANGUAGE SPECIALISTS, INC. Principal Place of Business Mailing Address 1521 SW 193 AVENUE 1521 SW 193 AVENUE PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1056296 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLGA J. DE GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 1521 SW 193 AVENUE PEMBROKE PINES, FL 33029 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\_ Signature, typed or printed name of registerod agent and title if applicable. (NOTE: flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE ■ Addition Change NAME OLGA J. DE GONZALEZ NAME STREET ADDRESS 1521 SW 193 AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 CITY-ST-ZIP TO TITLE ☐ Delete TITLE Change ☐ Addition NAME RAMIREZ, MICHELE NAME STREET ADDRESS 362 BRIDGETON RD STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

PENDROKE PINES, FL 33029  2. Principal Place of Business - No P.O. Box #   3. Maling Address   521 Maling Address   522 Maling Address	DOCUMENT # P05000108662  1. Entity Name SECOND LANGUAGE SPECIALISTS, INC.											
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City & State	2. Principal Place of Business - No P.O. Box #			3. Mailing Address			200 000 000					
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Service of Status Desired   \$8.75 Auditional Fee Required   \$8.75 Auditional Fee Required   \$8.75 Auditional Fee Required   \$1.00	City & State			City & State		1			J	·		
Name	Zip	Country				itry				\$8.75 Add	litional	
Street Address (F.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name	and Address of Current	Registered Agent		<del>                                      </del>						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and access the obligations of registered agent.    SIGNATURE	1521 SW 1	193 AVEN	UE			P.O. Box Numb	er is Not Acceptable	)				
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