FILED
Apr 21, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000150246

1. Entity Name
QUILLS LANGUAGE SERVICES, INC.

Principal Place of Business	Mailing Address
1990 NE 163RD ST STE 106 N. MIAMI BEACH, FL 33162 US	1990 NE 163RD ST STE 106 N. MIAMI BEACH, FL 33162 US

DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3828265
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ-PEREZ, ICELA G DP
2365 NE 173 ST., APT. C101
N. MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

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 signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000912722
05/07/08-80092-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VAZQUEZ-PEREZ, ICELA G DP
STREET ADDRESS	2365 NE 173 ST., APT. C101
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	S
NAME	CALDIROLI, ROBERTO A S
STREET ADDRESS	2365 NE 173 ST., STE. C101
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	DV
NAME	OTERO, MARIA C DV
STREET ADDRESS	2365 NE 173 ST., APT. C101
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	T
NAME	LUQUE, CLAUDIO N T
STREET ADDRESS	2365 NE 173 ST., APT. C101
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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.

SIGNATURE: Vazquez-Perez 4/9/08 305 947 7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #