

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054603

FILED  
Feb 07, 2009  
Secretary of State

**Entity Name:** METRO NOTARIES AND LANGUAGES SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2422 SW 20TH CT  
OCALA, FL 34474

**New Principal Place of Business:**

2422 SW 20TH CT  
OCALA, FL 34471

**Current Mailing Address:**

2422 SW 20TH CT  
OCALA, FL 34474

**New Mailing Address:**

2422 SW 20TH CT  
OCALA, FL 34471

**FEI Number:** 86-1166358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWANSON, VIVIEN L  
2522 SW 27TH AVENUE  
OCALA, FL 34474 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S/T ( ) Delete  
Name: CANELON, EDUARDO  
Address: 2422 SW 20TH CT  
City-St-Zip: OCALA, FL 34474

Title: P ( ) Delete  
Name: ROEDAN, FLAVIA  
Address: 11179 NW 80 LN.  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: BARBERA, LUIS A  
Address: 375 N. SUNSET DR.  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** EDUARDO CANELON

S/T

02/07/2009

Electronic Signature of Signing Officer or Director

Date