

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 031 ***150.00

DOCUMENT # P06000143115

1. Entity Name

ENGLISH LANGUAGE CENTER INCORPORATED



Principal Place of Business

2510 WELLINGTON GREEN DR.
APT. 304
WELLINGTON FL 33414
US

Mailing Address

2510 WELLINGTON GREEN DR.
APT. 304
WELLINGTON FL 33414
US



2. Principal Place of Business - No P.O. Box #

2601 South Military Trail

Suite, Apt. #, etc.

Suite 28

3. Mailing Address

2601 South Military Trail

Suite, Apt. #, etc.

Suite 28

1st MOORE

CR2E034 (10/06)

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

71-1016669

Applied For

Not Applicable

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, DOUGLAS M
2510 WELLINGTON GREEN DR
304
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name
Douglas M Friedman

Street Address (P.O. Box Number is Not Acceptable)

2510 Wellington Green Dr.

#304

City

Wellington

FL

Zip Code

33414

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

Douglas Friedman

4/23/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FRIEDMAN, DOUGLAS M
2510 WELLINGTON GREEN DR. APT. 304
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CERDA, GERARDO
9205 BOWDEN DR. APT. 301
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Douglas Friedman Douglas Friedman

4/23/07

561-966-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #