

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088549

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: GAVIRIA ACADEMY OF LANGUAGES, INC.

## Current Principal Place of Business:

1533 SUNSER DR., SUITE 225  
CORAL GABLES, FL 33143

## New Principal Place of Business:

1533 SUNSET DR., SUITE 225  
CORAL GABLES, FL 33143

## Current Mailing Address:

1533 SUNSER DR., SUITE 225  
CORAL GABLES, FL 33143

## New Mailing Address:

1533 SUNSET DR., SUITE 225  
CORAL GABLES, FL 33143

FEI Number: 26-3505057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVID E. NEWMAN, P.A.  
1533 SUNSER DR., SUITE 225  
CORAL GABLES, FL 33143 US

## Name and Address of New Registered Agent:

DAVID E. NEWMAN, P.A.  
1533 SUNSET DR., SUITE 225  
CORAL GABLES, FL 33143 US

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: DAVID E. NEWMAN

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GAVIRIA, LUIS C  
Address: 1533 SUNSER DR., SUITE 225  
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete  
Name: VALENCIA, MARIA A  
Address: 1533 SUNSER DR., SUITE 225  
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete  
Name: CARRES, MONICA G  
Address: 1533 SUNSER DR., SUITE 225  
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Delete  
Name: NEWMAN, MARY LUZ G  
Address: 1533 SUNSER DR., SUITE 225  
City-St-Zip: CORAL GABLES, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NEWMAN, MARY LUZ G  
Address: 1533 SUNSET DR., SUITE 225  
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change ( ) Addition  
Name: GAVIRIA, LUIS C  
Address: 1533 SUNSET DR., SUITE 225  
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change ( ) Addition  
Name: CARRES, MONICA G  
Address: 1533 SUNSET DR., SUITE 225  
City-St-Zip: CORAL GABLES, FL 33143

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: MARY LUZ NEWMAN

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date