

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080178

Entity Name: LINGUA SCHOOL, INC.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

1730 MAIN STREET  
SUITE 228  
WESTON, FL 33326 US

## New Principal Place of Business:

1792 BELL TOWER LANE  
WESTON, FL 33326 US

## Current Mailing Address:

1730 MAIN STREET  
SUITE 228  
WESTON, FL 33326 US

## New Mailing Address:

1792 BELL TOWER LANE  
WESTON, FL 33326 US

FEI Number: 65-0861674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COPE, JILL A EA  
4611 SO UNIVERSITY DR  
SUITE 191  
DAVIE, FL 33328 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: P ( ) Delete  
Name: OJEDA, ANDREINA B  
Address: 1730 MAIN STREET, SUITE 228  
City-St-Zip: WESTON, FL 33326 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OJEDA, ANDREINA B  
Address: 1792 BELL TOWER LANE  
City-St-Zip: WESTON, FL 33326 US

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: ANDREINA OJEDA

PRES

03/31/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date