2007 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					May 03, 2007 08:00 A
DOCUMENT # P98000097677					Secretary of State
1. Entity Name					Secretary or State
BLUE SKY LANGUAGE CENTER CORP.					
	-	2			,
Principal Plac	ce of Business		Mailing Address		1
3710 NW 71		# 13.41 - 14.55	3710 NW 7TH AVE	A IIC Šī	14.2 (A) 40.00 (A)
POMPANO B	BEACH, FL 33064	US	POMPANO BEACH, FL 3306	4 US 31	
		••	3. •	;	: I HARMADI KIN JAKAN PAKIN ARKIN ARKIN ARKIN ARKIN PANJA BAKIN ARKIN ARKIN ARKIN ARKIN ARKIN ARKIN ARKIN ARKIN
-		4.12	e, to see a		
,			i gran	•	
DO NOT WRITE IN THIS SPACE					05032007 No Chg-P CR2E034 (11/05)
L	וטאויָטע	WKIIE	IN THIS SPA	ICE .	4. FEI Number Applied For
			sub.	a decide o	NOT APPLICABLE Not Applicable 5 Captificate of Status Person \$8.75 Additional
	4°			and the second	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent					
SILVA, VA	UTER				DO NOT MOITE
3710 NW 7TH AVE				· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE
POMPANO BEACH, FL 33064					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.					
The designation of registrate agents.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
	LE NOW!!! FEE ue by Septembe		4 '9: Election Campaign Fin Trust Fund Contribution		.00 May Be
			*	the second the	'
TITLE	PSTD	OFFICERS AND DI	TEUTURS		
NAME	SILVA, VALTER				· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	3710 NW 7TH AV			1 - 1 - ·	. 000000758817
CITY-ST-ZIP	POMPANO BEAC	JH, FL 33064		- F	05/24/07-80017-016 550.00
TITLE NAME	V PETITTO, MARC	IA			Charles and the control of the contr
STREET ADDRESS	3710 NW 7TH AV	Æ		ig to a	A STATE OF THE STA
CITY-ST-ZIP	POMPANO BEAC	CH, FL 33064		,	
TITLE				The state of the s	The second of th
NAME STREET ADDRESS					DO NOT MOITE
CITY-ST-ZIP				\$	DO NOT WRITE
TITLE				* * *	IN THIS SPACE
NAME STREET ADDRESS					market and the period of the p
CITY-ST-ZIP				the second of the	The state of the s
TITLE					
NAME				A STATE OF THE STA	
STREET ADDRESS CITY-ST-ZIP					Company of the second of the second
TITLE					the state of the spring of the
NAME				The state of the s	The state of the s
STREET ADDRESS				the state of the s	Company of the second of the s
CITY-ST-ZIP			1 (n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>	The state of the s
indicated	on this report or supp	tion supplied with his plemental report is to	is riling does not quality for the e lie and accurate and that my sign	exemptions contained	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
of the cor changed,	poration of the receive or on an attachment	er or trustee embowe with an address with	red to execute this report as req all other like empowered.	uired by Chapter 607	r, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:					
SIGNATURE: BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytome Phone #					