

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90254 029 ***150.00

DOCUMENT # P99000007843

1. Entity Name

LANGUAGES EXPERIENCE, INC.



Principal Place of Business

100 NW 76TH AVENUE
PLANTATION FL 33324

Mailing Address

P O BOX 17403
PLANTATION FL 33318

94075672



MOORE CR2E034 (11/03)

2. Principal Place of Business

100 NW 76th Ave. #306-2

3. Mailing Address

P.O. Box 17403

Suite, Apt. #, etc.

Plantation, FL

Suite, Apt. #, etc.

Plantation, FL

City & State

33324

City & State

33318

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0887342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVAIN, ROGER E
100 NW 76TH AVENUE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

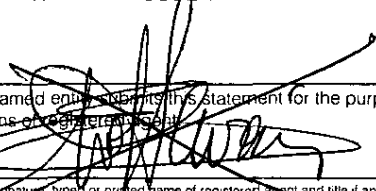
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 D ☐ Delete
NAME SAVAIN, ROGER E
STREET ADDRESS 100 NW 76TH AVENUE
CITY-ST-ZIP PLANTATION FL 33324

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recorder of public records 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

954-791-4964

Date

Daytime Phone #