2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000078878

1. Entity Name

ENGLISH-SPANISH BUSINESS SERVICES, INC.



US

FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

18795 SW 29 ST

MIRAMAR, FL 33029 US

Malling Address

18795 SW 29 ST MIRAMAR, FL 33029

04272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0945023

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALDANA, DIEGO 18795 SW 29 ST MIRAMAR, FL 33029			DO NOT WRITE 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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent signature required when reinstating) DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRECT VP SALDANA, DIEGO 18795 SW 29 ST MIRAMAR, FL 33029 P ZELEDON, MARILYN 18795 SW 29 ST MIRAMAR, FL 33029	CTORS			U00000741745 05/15/07-80040-023 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TITLE NAMÉ	•			•	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

V.P

24/27/22

7863853310

Daytime Phone