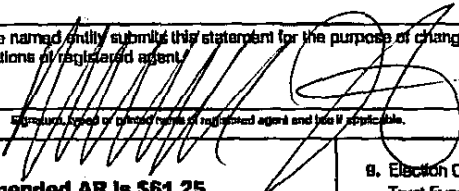
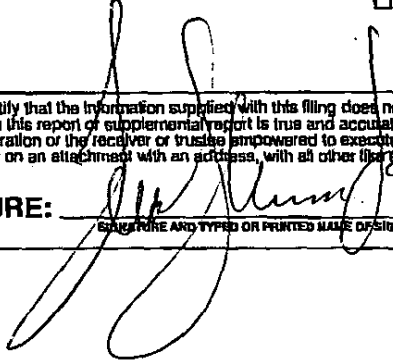


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J64331 1. Entity Name A B SI TRANSLATION SERVICES, INC.						FILED 04 JUL 26 PM 2:46 AMENDED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8350 N.W. 52ND TERRACE, #209 MIAMI, FL 33166				Mailing Address 8350 N.W. 52ND TERRACE, #209 MIAMI, FL 33166			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 59-2796867		Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GREINER, LUCY 8350 N.W. 52ND TERR., #209 MIAMI, FL 33166				Name Mitchell S. Fuerst, Esq. Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Bay Drive, suite 1804 City Miami FL 33131			
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 				DATE 7/21/04			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HILFORD-GREINER, LUCY PRESIDE 8350 NW 52ND TERR #209 MIAMI, FL 33166			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Frank Monserrate 8350 NW 52nd Terrace Miami, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 receiver or trustee empowered to execute this report as required by Chapter 807, 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.				200037973862 07/26/04--01006--012 **70.00			
SIGNATURE: 				7/21/04 305-479-8801 Date Daytime Phone F			