## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P02000082523

1. Entity Name ACCURATE INTERPRETING SERVICES, INC.



Principal Place of Business

1904 W COLONIAL DRIVE ORLANDO, FL 32804 Mailing Address

1904 W COLONIAL DRIVE ORLANDO, FL 32804

# FILED Mar 17, 2004 08:00 AM Secretary of State



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03122004 No Chg-P CR2E034 (10/03)

٤.	FEI Number 33-1015596	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JESSY 1904 WEST COLONIAL DRIVE ORLANDO, FL 32804

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8. The above the obliga	e named entity submits this statement for the p tions of registered agent	urpose of changing its registered of	office or r	egistered agent, or bott	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	t applicable (NOTE Registered Age	ent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	• 🗆	\$5.00 May Be Added to Fees	1100000090813 03/17/04-80034-007 150.00
10.	OFFICERS AND DIREC	CTORS			
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, JESSY 1904 WEST COLONIAL DRIVE ORLANDO, FL 32804				
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#### NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE RASE

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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 trusted 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 DIRECTOR

(407)(23-1225 Bayline Phone #