

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057547

1. Entity Name
SOUTHERN TRANSCRIBERS INC



Principal Place of Business
**7520 ADVENTURE AVE.
MIAMI BEACH, FL 33141**


Mailing Address
**P.O BOX 414535
MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YAHR, ALEX
1000 QUAYSIDE TERR
SUITE 805
MIAMI FL 33138**

FILED
06 JUN 23 AM 11:14
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05/04/06 90250 019 \$150.00
06102006 No Chg. P GR2E034 (11/05)

4. FEI Number
01-0784632

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P DAVIS, ARIANE T PO BOX 414535 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V DAVIS, THOMAS J PO BOX 414535 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>\$26/27</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: *[Signature]* **6/20/06** **305-824-6171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #