

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90077 021 \*\*\*150.00

**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

40099650



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number: 01-0784632  
 Applied For: Not Applicable

Zip: Country

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, ARIANE T	
STREET ADDRESS	PO BOX 414535	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, THOMAS J	
STREET ADDRESS	PO BOX 414535	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, 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: \_\_\_\_\_ DATE: 4/29/07 DAYTIME PHONE # \_\_\_\_\_

ATTACHMENT 400991656

# P03000057547

Ariane

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**From:** Ken Halperin [khalperin@lundyshacter.com]  
**Sent:** Thursday, April 26, 2007 4:00 PM  
**To:** Ariane  
**Subject:** FW: ANNUAL REPORT  
**Attachments:** \_0425153633\_001.pdf

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**From:** Ken Halperin  
**Sent:** Wednesday, April 25, 2007 3:43 PM  
**To:** 'ARI28ANE@AOL.COM'  
**Subject:** ANNUAL REPORT

Hi Ariane;

Attached is the annual report of Southern Transcribers Inc.  
Please print it out and let your mom know you received it.

It requires a signature at the bottom. It needs to be mailed to  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500  
A check for \$150 payable to "Florida Department of State" needs  
to be enclosed. It must be mailed no later than 5/1/07.

Let me know if there are any questions

Thanks  
Ken Halperin