

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000044745

Entity Name: INTERNATIONAL TRANSLATORS SERVICES INC.**Current Principal Place of Business:**1140 KENDALL TOWN BOULEVARD
UNIT 2106
JACKSONVILLE, FL 32225**Current Mailing Address:**P. O. BOX 350603
JACKSONVILLE, FL 32235 US**FEI Number:** 46-2847132**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**QUIRCH-VALLE, NOEMI
12478 EAGLES CLAW LN.
JACKSONVILLE, FL 32225 US*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.***SIGNATURE:** NOEMI QUIRCH-VALLE

02/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| Title | P | Title | SEC. |
| Name | QUIRCH-VALLE, NOEMI | Name | QUIRCH-VALLE, NOEMI |
| Address | P.O. BOX 350603 | Address | P.O. BOX 350603 |
| City-State-Zip: | JACKSONVILLE FL 32235 | City-State-Zip: | JACKSONVILLE FL 32235 |
| | | | |
| Title | DIRECTOR | | |
| Name | VALLE, DIEGO | | |
| Address | P.O. BOX 350603 | | |
| City-State-Zip: | JACKSONVILLE FL 32235 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NOEMI QUIRCH-VALLE**SECRETARY**

02/26/2021

Electronic Signature of Signing Officer/Director Detail

Date