

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # F05000000051

1. Entity Name
TRANSLATORS, INC.



Principal Place of Business
6064 APPLE TREE DR STE 2
MEMPHIS, TN 38115

Mailing Address
P.O. BOX 753490
MEMPHIS, TN 38175



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1571467

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'MEARA, GABRIEL
1100 N.E. 163RD ST. #400
N. MIAMI BEACH, FL 33162

**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

Signature, typed or printed name of registered agent and title if applicable.

(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 CP
NAME O'MEARA, GABRIEL
STREET ADDRESS 100 N.E. 163RD ST. #400
CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE VV
NAME LAHIERE, ROBERT JR
STREET ADDRESS 2033 STATE HWY 249 #200
CITY-ST-ZIP HOUSTON, TX 77070

TITLE S
NAME O'MEARA, MARIA
STREET ADDRESS 1100 N.E. 163RD ST. #400
CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/5/2007 305-919-7755