

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006558

FILED  
May 07, 2009  
Secretary of State

Entity Name: TRUSTED TRANSLATIONS, INC.

**Current Principal Place of Business:**

108 N VIRGINIA AVE  
FALLS CHURCH, VA 22046

**New Principal Place of Business:**

**Current Mailing Address:**

108 N VIRGINIA AVE  
FALLS CHURCH, VA 22046

**New Mailing Address:**

FEI Number: 20-0384139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ESTEVEZ, RICHARD  
650 WEST AVE APT 3009  
MIAMI, FL 33139 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: ESTEVEZ, RICHARD J  
Address: 650 W AVE APT 3009  
City-St-Zip: MIAMI, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ESTEVEZ, RICHARD J  
Address: 650 W AVE APT 3009  
City-St-Zip: MIAMI, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD J. ESTEVEZ

PRES

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date