

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010005

FILED  
Jul 28, 2006  
Secretary of State

**Entity Name:** EUROPEAN IMMIGRATION AND TRANSLATION LEGAL AID, INC.

**Current Principal Place of Business:**

150 NW 168TH STREET  
216  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

1250 E HALLANDALE BEACH BLVD  
605  
HALLANDALE, FL 33009

**Current Mailing Address:**

150 NW 168TH STREET  
216  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

1250 E HALLANDALE BEACH BLVD  
605  
HALLANDALE, FL 33009

**FEI Number:** 52-2452103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SORSHER, ALEX  
2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021      US

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

XAVIER, VITERI  
6721 SW 69TH STREET  
SOUTH MIAMI, FL 33143      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: XAVIER VITERI

07/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SAKEVICH, MARINA  
Address: 200 DIPLOMAT PRKWY #523  
City-St-Zip: HALLANDALE, FL 33009

Title: D      ( ) Delete  
Name: HAMBARDZUMYAN, VAHAGN  
Address: 200 DIPLOMAT PRKWY #523  
City-St-Zip: HALLANDALE, FL 33009

Title: D      ( ) Delete  
Name: HAMBARDZUMYAN, NATALYA  
Address: 200 DIPLOMAT PRKWY #523  
City-St-Zip: HALLANDALE, FL 33009

Title: D      ( ) Delete  
Name: MOCHKAROVSKY, BAGRAT  
Address: 200 DIPLOMAT PRKWY #523  
City-St-Zip: HALLANDALE, FL 33009

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARINA SAKEVICH

D

07/28/2006

Electronic Signature of Signing Officer or Director

Date