

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008114

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** FLORIDA TRANSLATORS AND INTERPRETERS ASSOCIATION INC

**Current Principal Place of Business:**

1250 E HALLANDALE BEACH BLVD  
605  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1250 E HALLANDALE BEACH BLVD  
605  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 20-5310964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VYNER, BATSHEVA  
1250 E HALLANDALE BEACH BLVD  
605  
HALLANDALE, FL 33009 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VYNER, BATSHEVA  
Address: 1250 E HALLANDALE BEACH BLVD#605  
City-St-Zip: HALLANDALE, FL 33009

Title: VP ( ) Delete  
Name: VYNER, DAVID  
Address: 1250 E HALLANDALE BEACH BLVD#605  
City-St-Zip: HALLANDALE, FL 33009

Title: MGR ( ) Delete  
Name: REUN, VIKTORIA  
Address: 1250 E HALLANDALE BEACH BLVD#605  
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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID VYNER

VP

01/07/2008

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

\_\_\_\_\_  
Date