


# 2004 NO I-FOR-PROFI CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90010 042 \*\*\*\*61.25

<b>DOCUMENT # N94000001703</b>					
1. Entity Name <b>AMERICAN TRANSLATORS ASSOCIATION, FLORIDA CHAPTER, INC.</b>					
Principal Place of Business <b>6821 SW 83RD PLACE MIAMI, FL 33143</b>			Mailing Address <b>PO BOX 14-1057 CORAL GABLES, FL 33114 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALVAREZ, IDA 130 MADEIRA AVENUE CORAL GABLES, FL 33134				Name: <u>Jenney, Marcela</u> Street Address (P.O. Box Number is Not Acceptable) <u>20280 Hacienda Ct.</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33498</u>	
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 <u>[Signature]</u> Signature typed or printed name of registered agent and title if applicable.				DATE <u>Jan. 27/04</u> (NOTE: Registered Agent signature required when reinstating)	



01102004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0482561** Applied For ☐ Not Applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESTER, GIOVANNA 6821 SW 83RD PLACE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marcela Jenney 20280 Hacienda Ct. Boca Raton, FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICHOLS, GLORIA 1131 SW 102ND COURT MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pilar Saslow 11982 SW 133th Terrace Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWEN, BETTY H 216 CATALONIA #106 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Monica Guelman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, IDA 130 MADEIRA CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Daniel Estrada 3180 N. Jog Rd. #4102 West Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD POLOMO, ANTONIO 2301 SW 20TH ST MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Giovanina Lester 6821 SW 83rd Place Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD WHIST, IRENE 8540 SW 133 AVE., RD 301 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD 30 Isle of Venice #2 Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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

Jan 10/04 305-595-5646  
Date Daytime Phone #