

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007294

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: EXECUTIVE TRANSLATIONS, INC.

**Current Principal Place of Business:**

1500 S.W. 102ND PLACE  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

1500 S.W. 102ND PLACE  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 65-0981255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARINAS, MARTA  
1500 S.W. 102ND PLACE  
MIAMI, FL 33174 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARINAS, MARTA  
Address: 1500 S.W. 102ND PLACE  
City-St-Zip: MIAMI, FL 33174

Title: VD ( ) Delete  
Name: FARINAS, LAZARO  
Address: 1500 S.W. 102ND PLACE  
City-St-Zip: MIAMI, FL 33174

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

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

SIGNATURE: MARTA FARINAS

PD

04/12/2008

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

\_\_\_\_\_  
Date