

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000025175		
1. Entity Name CERTIFIED TRANSLATORS AND INTERPRETERS, INC.		

Principal Place of Business 23738 PEACE PIPE COURT LUTZ, FL 33559	Mailing Address 23738 PEACE PIPE COURT LUTZ, FL 33559
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DO NOT WRITE IN THIS SPACE



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3640891	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U00000523738 05/03/06-80084-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FUENTES, CARLOS A 23738 PEACE PIPE COURT LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUENTES, MARTHA H 23738 PEACE PIPE COURT LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Carlos A. Fuentes</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u><i>4/18/06</i></u> Date	<u><i>(813) 598-4224</i></u> Daytime Phone #
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