


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90187 035 ***150.00

DOCUMENT # P0000025892	
1. Entity Name TRANSLATION WORKS, INC.	

Principal Place of Business 13835 SOUTHWEST 107TH TERRACE MIAMI, FL 33186	Mailing Address 13835 SOUTHWEST 107TH TERRACE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0992047	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARDI, MONICA A 13835 SOUTHWEST 107TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SARDI, CARLOS E 13835 SOUTHWEST 107TH TERRACE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Monica Sardi 6/30/04 305-380-3217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
P000000025892
TRANSLATION WORKS, INC.

44047466

July 1, 2004

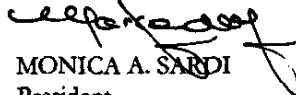
The Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom It May Concern:

This letter serves to certify that I, Monica A. Sardi, President of Translation Works, Inc., have not received the Uniform Business Report for the year 2004.

I am therefore sending the signed form, which I downloaded from the internet, with a check for \$150.00, as per the automated telephone instructions of your department.

Sincerely,


MONICA A. SARDI
President