

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

07-08-2004 90187 035 ***150.00

DOCUMENT # P00000025892

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**

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 ☐

\$8.75 Additional
Fee Required

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 _____

Signature, typed or printed name of registered agent and title, if applicable.

(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 PD
NAME SARDI, MONICA A
STREET ADDRESS 13835 SOUTHWEST 107TH TERRACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE VST
NAME SARDI, CARLOS E
STREET ADDRESS 13835 SOUTHWEST 107TH TERRACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monica Sardi

6/30/04

Date

305-380-3217

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