


FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90737 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000077063</b>			
1. Entity Name <b>DARMA TRANSLATION SERVICES, INC.</b>			
Principal Place of Business <b>4659 NW 97TH PLACE MIAMI, FL 33178</b>		Mailing Address <b>4659 NW 97TH PLACE MIAMI, FL 33178</b>	
2. Principal Place of Business <b>3834 SAN SIMEON CIRC</b>		3. Mailing Address <b>3834 SAN SIMEON CIRC</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WESTON, FL</b>		City & State <b>WESTON, FL</b>	
Zip <b>33331</b>	Country <b>U.S.A.</b>	Zip <b>33331</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>FUENMAYOR, DARIO 4659 NW 97TH PLACE MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name <b>FUENMAYOR, DARIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3834 SAN SIMEON CIRC</b> City <b>WESTON</b> FL Zip Code <b>33331</b>	
4. FEI Number <b>65-1032021</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. FUENMAYOR, DARIO 4659 NW 97TH PLACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUENMAYOR, DARIO 3834 SAN SIMEON CIRC WESTON, FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. FUENMAYOR, ERNESTO 4659 NW 97TH PLACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUENMAYOR, ERNESTO 2486 CENTERGATE DR MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <b>DARIO FUENMAYOR</b>		Date <b>04/09/03</b> Daytime Phone # <b>954-446 6803</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)