


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90004 016 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P01000065918</b>                       |  |
| 1. Entity Name<br>G. & D. TRANSLATION SERVICES, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>3538 CHESAPEAKE CIRCLE<br>BOYNTON BEACH, FL 33436 | Mailing Address<br>3538 CHESAPEAKE CIRCLE<br>BOYNTON BEACH, FL 33436 |
|--|--|

**50061073**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

08082005 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br>65-1134839  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>FILINGS, INC.<br>3732 NW 16TH ST<br>FT LAUDERDALE, FL 33311 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EUGENE, DUC<br>5012 SABRELINE TERR.<br>GREENACRES, FL 33463 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EUGENE, GINETTE<br>5012 SABRELINE TERR.<br>GREENACRES, FL 33463 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eugene DUC*  
8/8/05

Date Daytime Phone #

## ATTACHMENT

Monday, August 08, 2005

G & D TRANSLATION SERVICES  
5012 SABERLINE TERRACE  
GREENACRES, FL 33463

Phone: (561) 963-1650

**Florida Division of Corporations**  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-

Dear, Representative,

Please note that we did not get the Annual Report Form that was suppose to be mailed to my Corporation. We were under the impression that we didn't have to pay this annual fee.

We were told by your representative to write this letter explaining why we are late and to pay the regular fee of \$ 150.

Thank you for processing our annual report.

Sincerely,

  
Mr. Duc Eugene- President