


FILED
May 19, 2004 8:00 am
Secretary of State

03-29-2004 90037 001 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000071922 1. Entity Name ANKH INSURANCE INCORPORATED	
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Principal Place of Business 17620 N.W. 63RD COURT MIAMI, FL 33015	Mailing Address 17620 N.W. 63RD COURT MIAMI, FL 33015
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66422844



03212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 660 EAST JEFFERSON STREET
 TALLAHASSEE, FL 32301-0000**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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	D SMITH, GEORGE LOUIS 17620 N.W. 63RD COURT MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVA, REGINA 17620 N.W. 63RD COURT MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/20/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 66422844
PD1000071922

Posting Date: 03/31/2004

Check #: 1050

Amount: \$150.00

Reference: 86740567596 Account: DDA-8536

Nickname:

ACCREDITED TRANSLATING SERVICES, INC.
17820 N.W. 85RD CT.
MIAMI LAKES, FL. 33015-4434

54023960 1050

DATE 3/27/04

PAY TO THE ORDER OF Florida Department of State \$ 150.00

One Hundred Fifty Dollars and 00/100

Bank of America.

FOR Anxh Insurance

001050 063100277 003661208536 0000015000



Posting Date: 03/31/2004

Check #: 1051

Amount: \$150.00

Reference: 86740567507 Account: DDA-8536

Nickname:

ACCREDITED TRANSLATING SERVICES, INC.
17820 N.W. 63RD CT.
MIAMI LAKES, FL 33015-4484

54023950 1051

DATE 3/27/04 63-27/01 R

PAY TO THE ORDER OF Florida Dept. of State \$ 150.00

One Hundred Fifty Dollars and 00/100 DOLLARS

Bank of America

ACH # 001000017

FOR Accredited Translating Joseph [Signature]

⑆001051⑆ ⑆063100277⑆ ⑆03661208536⑆ ⑆0000010000⑆

ATTACHMENT

66422844

#PO1000071922

5/17/2004

Dear Sir / Madam,

I am enclosing another copy of my 2004 profit report. This was sent out on 3/20/2004. The check was cashed but I forgot to sign the bottom of the paper. There were 2 checks sent. One for Accredited Translating Services and the other Ankh Insurance. I sent this signed last month but did not get a confirmation. I am sending again and could I please get a confirmation. Thank You.