



## 02-24-2005 90039 036 \*\*\*150.00

<b>DOCUMENT # P01000100187</b>						<b>Secretary of State</b> 02-24-2005 90039 036 ***150.00	
<b>1. Entity Name</b> INTERNATIONAL TRANSLATION SERVICES, INC.							
<b>Principal Place of Business</b> 825 BRICKELL BAY DRIVE TOWER III, SUITE 1841 MIAMI, FL 33131		<b>Mailing Address</b> 825 BRICKELL BAY DRIVE TOWER III, SUITE 1841 MIAMI, FL 33131					
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				<b>02182005 Chg-P CR2E034 (10/03)</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>4. FEI Number</b> 65-1146264	
City & State		City & State				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
ACERO, JOHNNY A 9931 COSTA DEL SOL BLVD. MIAMI, FL 33178				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ACERO, JOHNNY A 2031 S W 157TH AVENUE MIRAMAR, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9931 COSTA DEL SOL BLVD. MIAMI, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBLIK, WIOLETTA 2031 S W 157TH AVENUE MIRAMAR, FL 33027	<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	D ACERO, JOHNNY 2031 S W 157TH AVENUE MIRAMAR, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9931 COSTA DEL SOL BLVD. MIAMI, FL 33178		
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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		
<b>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.</b>							
<b>SIGNATURE:</b> <u>Wioletta Bublik</u> <u>Wioletta Bublik</u>				<b>2/18/05 786 326 1786</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			