

05-10-2004 90480 019 \*\*\*\*61.25

P02000000718

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 26 AM 8:50

### 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000000718

1. Entity Name  
HIALEAH SUPREME TRANSLATION, INC.



Principal Place of Business  
1935 W 68TH STREET  
HIALEAH, FL 33014

Mailing Address  
1935 W 68TH STREET  
HIALEAH, FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04222004 Chg-P CR2E034 (10/03)

4. FEI Number  
01-0556861

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~BOLESA MARIANO~~  
~~16000 NORTH BAY ROAD BUILDING 1700 675~~  
~~SUNNY ISLANDS FL 33161~~

7. Name and Address of New Registered Agent  
Name  
ASTUDILLO, LAURA  
Street Address (P.O. Box Number is Not Acceptable)  
18135 NW 84 AVENUE  
City HIALEAH FL Zip Code 33015

B. The above named entity admits the 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 4/23/04

Amended AR is \$81.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

#### 10. OFFICERS AND DIRECTORS

#### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>BOLESA MARIANO</del>	<input type="checkbox"/> Delete
NAME	<del>BOLESA MARIANO</del>	
STREET ADDRESS	<del>16000 NORTH BAY ROAD BUILDING 1700 675</del>	
CITY-ST-ZIP	<del>SUNNY ISLANDS FL 33161</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTUDILLO, LAURA	
STREET ADDRESS	18135 NW 84 AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DATE 04/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAURA ASTUDILLO

5/26 AR