


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P0200000718
 1. Entity Name
HIALEAH SUPREME TRANSLATION, INC.



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| Principal Place of Business 1935 W 68TH STREET HIALEAH, FL 33014 | Mailing Address 1935 W 68TH STREET HIALEAH, FL 33014 |
|--|--|

DO NOT WRITE IN THIS SPACE



04012007 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|--|
| 4. FEI Number 01-0556861 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ASTUDILLO, LAURA
 1901 SE 16 AVENUE
 HOMESTEAD, FL 33035

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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: *Laura Astudillo* LAURA ASTUDILLO DATE: 04/01/07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | DPST ASTUDILLO, LAURA 1901 SE 16 AVENUE HOMESTEAD, FL 33035 |
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 04/16/07-80037-010 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Laura Astudillo* DATE: 04/01/07 DAYTIME PHONE #: 305 820 0609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR