
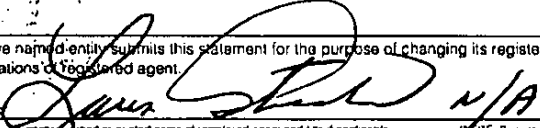
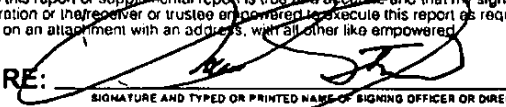


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-15-2008 90001 023 \*\*\*158.75  
P02000000718  
**FILED**

08 AUG 28 PM 1:01

DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000000718</b> 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 - No P.O. Box # _____ Suite, Apt. #, etc. _____		3. Mailing Address _____ Suite, Apt. #, etc. _____			
City & State _____		City & State _____		4. FEI Number <b>01-0556861</b>	
Zip _____ Country _____		Zip _____ Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ASTUDILLO, LAURA 1901 SE 16 AVENUE HOMESTEAD, FL 33035			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____		
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  N/A <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE</small>					
<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ASTUDILLO, LAURA 1901 SE 16 AVENUE HOMESTEAD, FL 33035	<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	<b>8/28</b>	<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
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
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:  <b>LAURA ASTUDILLO</b> <b>08/24/08</b> <b>305 3318609</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					