2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
TRANSLATIONS & INTERPRETATIONS PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
2699 COLLINS AVENUE SUITE 139 MIAMI BEACH, FL 33140	2699 COLLINS AVENUE SUITE 139 MIAMI BEACH, FL 33140

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0384590

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSCH, JOYCE
2655 COLLINS AVENUE
SUITE 608
MIAMI BEACH, FL 33140

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000086336831
012306-80024-014 150.00

OFFICERS AND DIRECTORS

	PD
	BOSCH, JOYCE
ADDRESS	2655 COLLINS AVENUE SUITE 608
ST-ZIP	MIAMI BEACH, FL 33140
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/13/06 305-534-1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #