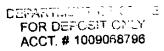
2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-11-2008 90070 047 ****38.95 DOCUMENT # P02000010174 01-22-2008 90069 009 ***111.05 1. Entity Name TRANSLATIONS & INTERPRETATIONS PROFESSIONAL SERVICES, INC. 40007619 Principal Place of Business Mailino Address 2655 COLLING AVE 2655 COLLING AVE #2104-#2104 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4014 CHASE AVE 4014 CHASEAVE Suite, Apt. #, etc. Suite, Apt. # etc. 01072008 --- Chg-P --- CR2E034 (12/06) Applied For City & State City & State 4. FEI Number MIAMI BEACH 03-0384590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33140 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 2855 COLLING AVENUE 4014 CHASE AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 608 SUFTERDA MIAMI BEACH, FL 33140 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. (NOTE: Registered Agont signature required when reinstating) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 · Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition BOSCH, JOYCE NAME MAME 4014 CHASEA STREET ADDRESS 2055 COLLINS AVENUE #2104 STREET ADDRESS #202 CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY - ST - ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIN_E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DIV.ST.70 CITY-ST-2IP TITLE Delete. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITLE C Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 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 significant 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 product as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 11 if the composition of the receiver of trustee empowered to execute this product of the corporation or the receiver or trustee empowered to execute this product of the corporation or the receiver or trustee empowered to execute this product of the corporation of the corporation or the receiver or trustee empowered to execute this product of the corporation of the co

SIGNATURE:

FILED Jan 22, 2008 8:00 am



January 17th, 2008

JAN 2 2 2008 ATTACHMENT

POZO00/0/74

Florida Department of State

To whom it may concern;

I will like to apologize for the missed up, I sent a check for the wrong amount, as I was writing other checks at the same time, I sent a check for the amount of \$38.95 instead of the correct amount of \$150.00.

I am enclosing a check# 3503 for \$111.05 which will complete the difference on the amount due.

Once again I apologize for the inconvenience and thank you for your kindness.

77

Jøyce Bosch

Translations and Interpretations Professional Services, Inc.

305-534-7466