## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 27, 2006 08:00 AN Secretary of State DOCUMENT # P02000030865 1. Entity Name SPJ TRANSCRIPTION, INC. Principal Place of Business Mailing Address 14742 SW 176 TRR 14742 SW 176 TRR MIAMI, FL 33177 MIAMI, FL 33177 GR2E034 (11/05) 01242006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 02-0585733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired □ Fee Required 6. Name and Address of Current Registered Agent SAAVEDRA, CLARA I DO NOT WRITE 14742 SW 176 TRR MIAMI, FL 33177 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE, Registered Agent signature required when reinstating) 02/03/06-80033-003 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SAAVEDRA, CLARA NAME 14742 SW 176 TRR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C/TY-ST-Z/P TITLE

12. I hereby certify that the information supplied with this filling 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 undertoath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4106

305/0388715

FILED

Daytime Phone #