


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000050412  
 1. Entity Name  
 CIS TRANSLATIONS AND SERVICES, INC.



Principal Place of Business  
 401 GOLDEN ISLES DR STE 1008  
 HALLANDALE BEACH, FL 33009

Mailing Address  
 401 GOLDEN ISLES DR STE 1008  
 HALLANDALE BEACH, FL 33009



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 48-1260329

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STEIN, SHELDON J  
 401 GOLDEN ISLES DR STE 1008  
 HALLANDALE BEACH, FL 33009

**DO NOT WRITE 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: Sheldon L. Stein *Sheldon L. Stein* DATE: 3/21/05

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEIN, CLARA I
STREET ADDRESS	401 GOLDEN ISLES DR STE 1008
CITY - ST - ZIP	HALLANDALE BEACH, FL 33009
TITLE	VS
NAME	STEIN, SHELDON J
STREET ADDRESS	401 GOLDEN ISLES DR STE 1008
CITY - ST - ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/07/05-80027-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sheldon L. Stein VS *Sheldon L. Stein VS* DATE: 3/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #