

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90028 030 \*\*\*150.00

40053345



<b>DOCUMENT # P03000019447</b> 1. Entity Name <b>BEAUVOIR TRANSLATING AND CONSULTING SERVICES, INC.</b>					
Principal Place of Business <b>1865 KENNEDY CAUSEWAY 79TH ST APT 12-M NORTH VILLAGE BAY, FL 33141</b>			Mailing Address <b>?1865 KENNEDY CAUSEWAY 79TH ST APT 12-M NORTH VILLAGE BAY, FL 33141</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>02-0676951</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03132008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent  <b>BEAUVOIR, 1865 KENNEDY CAUSEWAY 79TH ST APT 12-M NORTH BAY VILLAGE, FL 33141</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BEAUVOIR, GISELLE</b> <b>1865 KENNEQY CAUSEWAY 79TH ST., APT. 12-M</b> <b>NORTH BAY VILLAGE, FL 33141</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Giselle Beauvoir</b> 3/13/08 305-571-7896 Date Daytime Phone #		