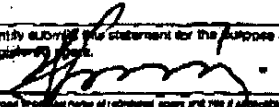
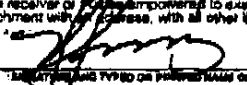


FILED
Aug 27, 2004 8:00 am
Secretary of State

08-09-2004 90016 011 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000111269					
1. Entity Name ST. JEROME TRANSLATIONS, INC.					
Principal Place of Business 5838 COLLINS AVE APT 28 MIAMI BEACH, FL 33140			Mailing Address 5838 COLLINS AVE APT 28 MIAMI BEACH, FL 33140		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent SALAZAR, MARIA J 5838 COLLINS AVE APT 28 MIAMI BEACH, FL 33140			4. FEI number 04-3776717 Approved For Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			6. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
7. The above named entity submits the 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  08-03-04 Signature, typed name and title of registered agent, and fee is applicable. (NOTE: Registered agent signature required when withdrawing.)					
FILE NOW!!! FEE IS \$150.00 Due by September 2, 2004		8. Election Campaign Financing Trust Fund Contributor ☐ \$5.00 May be Added to Fee		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SALAZAR, MARIA J		NAME		
STREET ADDRESS	5838 COLLINS AVE APT 28		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			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 exemption stated in Section 119.07(3)(d), 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 person 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 my address, with all other like empowered.					
SIGNATURE:  08-04-04			649-8404		
Signature, typed name and title of registered agent, and fee is applicable. (NOTE: Registered agent signature required when withdrawing.)			Date		

66432744



08092004 Chg-P CP25034 (10/00)

04-3776717 Approved For Not Applicable

6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

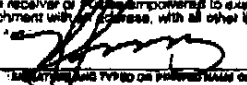
Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 person 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 my address, with all other like empowered.

SIGNATURE:  08-04-04

649-8404

Signature, typed name and title of registered agent, and fee is applicable. (NOTE: Registered agent signature required when withdrawing.)Date