
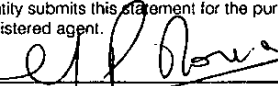
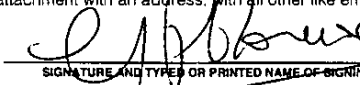


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 040 ***150.00

DOCUMENT # P04000046488 1. Entity Name ABC TRANSLATIONS SERVICES, INC.					
Principal Place of Business 9729 NW 49 TERRACE MIAMI, FL 33178			Mailing Address 9729 NW 49 TERRACE MIAMI, FL 33178		
2. Principal Place of Business 11794 SW 100 ST Suite, Apt. #, etc.			3. Mailing Address 11794 SW 100 ST Suite, Apt. #, etc.		
City & State, MIAMI, FL			City & State, MIAMI, FL		
Zip 33186		Country USA		Zip 33186	
Country USA		4. FEI Number 20-0866671			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROMERO, LAURA I 9729 NW 49 TERRACE MIAMI, FL 33178				7. Name and Address of New Registered Agent Name ROMERO, LAURA I. Street Address (P.O. Box Number is Not Acceptable) 11794 SW 100 ST City MIAMI FL Zip Code 33186	
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  DATE 04/21/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME ROMERO, LAURA I		TITLE Change	NAME 11794 SW 100 ST	
STREET ADDRESS 9729 NW 49 TERRACE	CITY-ST-ZIP MIAMI, FL 33178		STREET ADDRESS MIAMI, FL 33186	CITY-ST-ZIP MIAMI, FL 33186	
TITLE Delete	NAME Delete		TITLE Change	NAME Delete	
STREET ADDRESS Delete	CITY-ST-ZIP Delete		STREET ADDRESS Delete	CITY-ST-ZIP Delete	
TITLE Delete	NAME Delete		TITLE Change	NAME Delete	
STREET ADDRESS Delete	CITY-ST-ZIP Delete		STREET ADDRESS Delete	CITY-ST-ZIP Delete	
TITLE Delete	NAME Delete		TITLE Change	NAME Delete	
STREET ADDRESS Delete	CITY-ST-ZIP Delete		STREET ADDRESS Delete	CITY-ST-ZIP Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DATE: 04/21/2005 DAYTIME PHONE: 786-417-4710		