

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

4000000 -

DOCUMENT # P04000102448

1. Entity Name  
ALPHA TRANSLATION SVCS, INC.



01-05-2007 90030 030 \*\*\*150.00

Principal Place of Business  
2210 FRONT STREET  
304  
MELBOURNE, FL 32901

Mailing Address  
2210 FRONT STREET  
304  
MELBOURNE, FL 32901

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

4. FEI Number  
27-0097035

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BAZELAIS, LESLY  
2210 FRONT STREET  
304  
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:  1/2/07 321-727-0344

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