

PD4000170333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

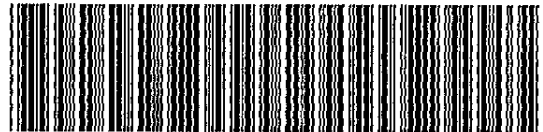
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06 MAY -4 AM 10:00  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** METRO TRANSLATION AND INTERPRETING SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000170333

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILAGROS ROSA

(Name of Contact Person)

METRO TRANSLATING AND INTERPRETING SVCS, INC.

(Firm/Company)

PO BOX 2633

(Address)

OCALA, FLORIDA 34478

(City/State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS L. KIRKLAND, ESQUIRE

(Name of Contact Person)

at ( 352 ) 369-6100

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)