

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90060 006 \*\*\*150.00

**DOCUMENT # P06000059952**

1. Entity Name  
**MARIA CAREY INTERNATIONAL TRANSLATIONS, INC.**



Principal Place of Business  
**469 PALM RIVER BLVD.  
NAPLES, FL 34110**

Mailing Address  
**469 PALM RIVER BLVD.  
NAPLES, FL 34110**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4770841**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAREY, MARIA  
469 PALM RIVER BLVD.  
NAPLES, FL 34110**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PVTS  
CAREY, MARIA  
469 PALM RIVER BLVD.  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-9-08**

Date

**(239) 566-1358**

Daytime Phone #

# ATTACHMENT



**MARIA A. CAREY INTERNATIONAL TRANSLATIONS**  
**MARIA A. CAREY TRADUCCIONES INTERNACIONALES**

MEXICAN LAW DEGREE  
TITULO MEXICANO DE LICENCIADA EN DERECHO

40111281

AS DEGREE IN LEGAL ASSISTING  
GRADO DE ASISTENCIA LEGAL

July 9, 2008

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 8700  
TALLAHASSEE, FL 32314

Dear Division of Corporations:

Last week I received a Notice of Intent to Dissolve. I downloaded form 2008 FOR PROFIT CORPORATION ANNUAL REPORT for Document # P06000059952. The report indicates that the fee to be paid is \$550.00 due by September 12, 2008.

On July 8, 2008, I called the Division of Corporations at (850) 245-6056 explaining the time I received the Notice and I was told to write a letter and send the payment of \$150.00. Attached is check #1989, for \$150.00, made to Florida Department of State which covers the Annual Report mentioned above.

Thank you for your attention to this matter. If you have any questions you can reach me at (239) 566-1358.

Respectfully,

Maria A. Carey  
President