

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90196 003 ***150.00

DOCUMENT # **PO6000094307**

1. Entity Name

TALA STAR Linguist support & services INC



DO NOT WRITE IN THIS SPACE

40068548

2. Principal Place of Business

7580 NE 4th Ct

Suite, Apt. #, etc.

3. Mailing Address

889 NE 78 St

Suite, Apt. #, etc.

City & State

Miami FLA

Zip
33138

Country

City & State

Miami FLA

Zip
33138

Country

4. FEI Number

56-259935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **IMAD HAMMOUD**

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

7520 NE 4th Ct

City
Miami

FL

Zip Code
33138

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

IMAD HAMMOUD

Signature, typed or printed name of registered agent and title if applicable

IMAD HAMMOUD

(NO Registered Agent Signature required when reinstating)

April 10 - 2007

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

**President.
MOHAMAD K HAMMOUD
7580 NE 4th Ct
Miami FLA - 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

IMAD HAMMOUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10 - 2007 - 305-754-4441

Date

Daytime Phone #