

2008 FOR PROFIT CORPORATION ANNUAL REPORT


1/2

FILED

08 APR 28 PM 4:41


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000094307
1. Entity Name
TALA STAR LINGUIST SUPPORT AND SERVICES INC.



Principal Place of Business Mailing Address
7580 NE 4TH CT 889 NE 78 ST
MIAMI, FL 33138 MIAMI, FL 33138

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
889 NE 78 St *Same*
State Apt #, etc. State Apt #, etc.


04282008 Chg-P CR2E034 (12/06)

City & State *Miami FL* City & State
Zip *33138* Country *USA* Zip Country

4. F.I.I. Number 56-2599935 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAMMOUD, IMAD
7520 NE 4TH CT
MIAMI, FL 33138

7. Name and Address of New Registered Agent
Name *Same*
Street Address (P.O. Box Number is Not Acceptable)
889 NE 78 St
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.

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

10. OFFICERS AND DIRECTORS

OFF NAME	DELETE
P HAMMOUD, MOHAMAD K 7580 NE 4TH CT MIAMI, FL 33138	<input type="checkbox"/>
OFF NAME	<input type="checkbox"/>
OFF NAME	<input type="checkbox"/>
OFF NAME	<input type="checkbox"/>
OFF NAME	<input type="checkbox"/>
OFF NAME	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFF NAME	CHANGE	ADD
<i>Same</i> 889 NE 78 St Miami, FL 33138	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

4/20/07 6039/007 - \$145.00

12. I, the undersigned, 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 contained in 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 changes or on an attachment with an address, with all other like information.

SIGNATURE: *and out* *Mohamed K Hamoud* 4-28-08 (786) 337-3718
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08
V/V

From : M. K. Hammond

To : Ms Michelle Milligan

Subject: Talstar linguist support services Inc
Document # 906000094307

as per your request I'm Faxing to you the
annual report for 2008.

I did check my File for last year (2007)
and I discovered that i paid Twice for
the same year (2007)

Thank you for your assistance to solve
this matter.

sincerely.