

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089172

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** TRANSLATION SERVICES AND CONSULTING CORP.

**Current Principal Place of Business:**

1900 N. BAY SHORE DR.  
3708  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1900 N. BAY SHORE DR.  
3708  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 26-3487889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UTUCHIAN, ISKUH  
1900 N. BAY SHORE DR.  
3708  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** UTUCHIAN, BARBARA  
**Address:** 1900 N. BAY SHORE DR., APT. 3708  
**City-St-Zip:** MIAMI, FL 33132

**Title:** S  
**Name:** VIERA, BEATRIZ  
**Address:** 1900 N. BAY SHORE DR., APT. 3708  
**City-St-Zip:** MIAMI, FL 33132

**Title:** T  
**Name:** GIORDANO, CLAUDIO  
**Address:** 1900 N. BAY SHORE DR., APT. 3708  
**City-St-Zip:** MIAMI, FL 33132

**Title:** D  
**Name:** UTUCHIAN, ISKUH  
**Address:** 1900 N. BAY SHORE DR., APT. 3708  
**City-St-Zip:** MIAMI, FL 33132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ISKUH UTUCHIAN

D

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date