

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000000813

1. Entity Name
TRANS-GLOBAL TRANSLATIONS AND IMMIGRATION
SERVICES, INC.



Principal Place of Business
175 FONTAINEBLEAU BLVD.
SUITE 2G8
MIAMI, FL 33172

Mailing Address
175 FONTAINEBLEAU BLVD.
SUITE 2G8
MIAMI, FL 33172



08312004 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0366456

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RILO, NORA M
175 FONTAINEBLEAU BLVD.
SUITE 2G8
MIAMI, FL 33172

**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 8, 2004**

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
PTSV
RILO, NORA M
175 FONTAINEBLEAU BLVD. #2G8
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000171560
09/03/04-80002-005 550.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04 (308) 552-9793

Date

Daytime Phone #