FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91051 033 ***150.00

DOCUMENT # P93000056543

1. Entity Name
A-1 TRANSCRIBING, INC.

Principal Place of Business	Mailing Address
14325 SW 47 TERRACE MIAMI, FL 33175	14325 SW 47 TERRACE MIAMI, FL 33175

2. Principal Place of Business	3. Mailing Address
14325 SW 42 TERRACE	14325 SW 42 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33175 Country: DADE	Zip: 33175 Country: DADE

04282004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0432161 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUAREZ, LOURDES 14325 SW 47 TERRACE MIAMI, FL 33175	Name: SUAREZ, LOURDES Street Address (P.O. Box Number is Not Acceptable): 14325 SW 42 TERRACE City: MIAMI FL Zip Code: 33175

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS SUAREZ, LOURDES 14325 SW 47 TERRACE MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS SUAREZ, LOURDES 14325 SW 42 TERRACE MIAMI, FLORIDA 33175	☐ Change ☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUAREZ, LOURDES 14325 SW 47 TERRACE MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUAREZ, LOURDES 14325 SW 42 TERRACE MIAMI, FLORIDA 33175.	☐ Change ☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS PRIETO, ELIZABETH 14036 SW 56 TERRACE MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS PRIETO, ELIZABETH 14325 SW 42 TERR. MIAMI, FL 33175.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 04-26-04 (305) 229-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #