


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

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| DOCUMENT # P96000067010 |  |
| 1. Entity Name TCX TRANSCRIPTION, INC. | |

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|--|--|
| Principal Place of Business 6800 N.W. 57TH COURT TAMARAC, FL 33321 | Mailing Address 6800 N.W. 57TH COURT TAMARAC, FL 33321 |
|--|--|

DO NOT WRITE IN THIS SPACE



04082007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0689909 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CABALLERO, TERESA S
6800 N.W. 57TH COURT
TAMARAC, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000711277 04/25/07-60076-018 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST CABALLERO, TERESA S. 6800 NW 57 CT TAMARAC, FL |
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12. I hereby 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 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: *X* Teresa S. Caballero Teresa Caballero *X* 04/02/07 954-726-3198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #