

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097411

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** MEDI-TRANSLATIONS INC.

**Current Principal Place of Business:**

1350 S POWERLINE ROAD  
200  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 667140  
POMPANO BEACH, FL 33066

**New Mailing Address:**

**FEI Number:** 65-0794053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAKAOGLU, ERHAN ESQ  
2701 WEST OAKLAND PARK BLVD.  
405  
OAKLAND PARK, FL 33311 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: KUS, CEM  
Address: 6155 NW 65TH TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: VP  
Name: KUS, JANET  
Address: 6155 NW 65TH TERRACE  
City-St-Zip: PARKLAND, FL 33067

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: CEM KUS

P

04/19/2010

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

\_\_\_\_\_ Date