


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90186 023 \*\*\*150.00

<b>DOCUMENT # P97000106060</b> 1. Entity Name <b>INTERNATIONAL GUILD OF VERBATIM REPORTERS, INC.</b>					
Principal Place of Business <b>1429 SE 13 STREET DEERFIELD BEACH, FL 33441</b>			Mailing Address <b>SUITE 3400-ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131-1897</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0834325</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VALDES-FAULI CORPORATE SERVICES, INC. SUITE 3400-ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131-1897</b>			7. Name and Address of New Registered Agent Name <b>GY Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>2 S. Biscayne Blvd., Suite 3400</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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 _____			<b>Mark J. Scheer, President</b> <span style="float: right;"><b>4/25/06</b></span>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD CZERENDA, RANDALL A 1429 SE 13TH STREET DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENCLAWSKI, JOHN 1500 BISCHOP COURT MT. PROSPECT, IL 60056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CZERENDA, A. JUDITH 1429 SE 13TH STREET DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDICI, WAGNER AVENIDA PAULISTA 1471 SALAS 1 412/1 415 ANDAR14 SAOPAULO SPCEPBRASIL, 01311927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESS, THOMAS 99 BATTERY PLACE APT 18E NEW YORK, NY 10280		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			<b>4/14/06</b> <b>954-725-5487</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
<b>RANDALL A. CZERENDA</b>					