

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001968

FILED
Mar 16, 2009
Secretary of State

Entity Name: TOTAL TRANSLATIONS, INCORPORATED

Current Principal Place of Business:

10211 PINES BLVD., # 213
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

10211 PINES BLVD., # 213
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0933551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, CLARA
10211 PINES BLVD., # 213
PEMBROKE PINES, FL 33026 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 () Delete
Name: BELLIZZI, MARCELO
Address: 10211 PINES BLVD # 213
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Delete
Name: GOMEZ, CLARA I
Address: 10211 PINES BLVD #213
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMEZ, CLARA
Address: 10211 PINES BLVD # 213
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARA GOMEZ

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date