

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90183 007 ***550.00

DOCUMENT # <u>P99000013876</u> 1. Entity Name <u>TECHNICAL TRANSLATORS & PRINTERS</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>7050 SW 23 ST</u> Suite, Apt. #, etc. City & State <u>DOVIE, FL</u> Zip <u>33317</u> Country		3. Mailing Address <u>7050 SW 23 ST</u> Suite, Apt. #, etc. City & State <u>DOVIE FL</u> Zip Country	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number <u>65-0909607</u>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name <u>TRUJILLO ALVARO</u> Street Address (P.O. Box Number is Not Acceptable) <u>10135 W. Sunrise BLVD. APT. 306</u> City <u>Plantation</u> <u>FL</u> Zip Code <u>33322</u>	
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	<u>P</u> <u>LARD MARTHA S.</u> <u>7050 S.W. 23 ST. DOVIE FL,</u> <u>DOVIE, FL 33317</u>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<u>VP.D</u> <u>Paedro Ricardo</u> <u>7050 S.W. 23 ST</u> <u>DOVIE FL, 33317</u>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<u>STD</u> <u>LARA ANTONIO</u> <u>7050 S.W. 23 ST.</u> <u>DOVIE FL, 33317</u>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>08/23/03</u> <u>9547230158</u> <small>Date Daytime Phone #</small>	

CR2E034B (12/02)