## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with

SIGNATURE

## Jul 07, 2006 8:00 am Secretary of State **DOCUMENT # P99000023261** 07-07-2006 90001 043 \*\*\*150.00 1. Entity Name TRANSLAB INC. Principal Place of Business Mailing Address 2200 LAKE DRIVE 2200 LAKE DRIVE 50021703 DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 2. Principal Place of Business SE Highway42 07022006 CR2E034 (11/05) Chg-P City & State Lunatilla FL City & State 4. FEI Number Applied For Umatılla 65-0909482 Not Applicable Country LLS A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENTOUMIS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2200 LAKE DRIVE DELPAY BEACH, FL - 23/14/ 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. the obligations of registered agent SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change Addition TITLE RENTOUMIS, MICHAEL NAME NAME STREET ADDRESS 2200 LAKE DR. STREET ADDRESS CITY-ST-ZIP DELRAY BEACH; FL-33444 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE RENTOUMIS, CHER NAME NAME 2200 LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition JITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 in 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 in 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 in 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 in 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 in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

FILED