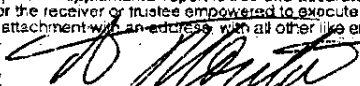


FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90673 047 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000046984			
1. Entity Name MONTI INTERPRETING & TRANSLATION SERVICES, INC.			
Principal Place of Business 101 S. WYMORE RD., STE 315 ALTAMONTE SPRINGS, FL 32714		Mailing Address 101 S. WYMORE RD., STE 315 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 610 Jasmine Rd		3. Mailing Address 610 Jasmine Rd	
Suite, Apt. #, etc. Ste 1000		Suite, Apt. #, etc. Ste 1000	
City & State Altamonte Springs, FL		City & State Altamonte Springs	
Zip 32701-4817	Country FL	Zip 32701-4817	Country FL
6. Name and Address of Current Registered Agent MONTALVO, ALBERTO 101 S. WYMORE RD., STE 315 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 610 Jasmine Rd Ste 1000 City Altamonte Springs FL Zip Code 32701-4817	
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 acknowledge the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 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	P MONTALVO, ALBERTO 1109 VIA COMO PL LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTALVO, CAROLINE 1109 VIA COMO PL LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/7/04 (407) 830-6007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94050554



04062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3578799 Applied For
Not Applied5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required