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.

94050554

Principal Place of Business	Mailing Address
101 S. WYMORE RD., STE 315 ALTAMONTE SPRINGS, FL 32714	101 S. WYMORE RD., STE 315 ALTAMONTE SPRINGS, FL 32714

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
610 Jasmine Rd	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:	Zip: 32701-4817 Country: Fl

4. FEI Number: 59-3578799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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: 32701-481

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	P	☐ Delete
NAME	MONTALVO, ALBERTO	
STREET ADDRESS	1109 VIA COMO PL	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	VP	☐ Delete
NAME	MONTALVO, CAROLINE	
STREET ADDRESS	1109 VIA COMO PL	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/7/04 (407) 830-6007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #