2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S44703

1. Entity Name
AMERICAN INTERPRETING & TRANSLATING SERVICES,
INC. (A.I.T.S., INC.)

Principal Place of Business	Mailing Address
P.O. BOX 01-2433	P.O. BOX 01-2433
MIAMI, FL 33101-9433	MIAMI, FL 33101-9433

DO NOT WRITE IN THIS SPACE

04162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0259289	Not Applicable

5. Certificate of Status Desired   X   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMARA, MARIO
1698 JEFFERSON AVE # 50
MIAMI, FL 33139

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IN THIS SPACE

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMARA, MARIO
STREET ADDRESS	1698 JEFFERSON AVE # 50
CITY-ST-ZIP	MIAMI, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/03/06-80118-017 158.75

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

SIGNATURE: _Maria Camara_ (MARIO CAMARA) 4/15/06 (305) 672-6167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #