

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000008596

**Entity Name:** GB TRANSLATIONS AND COACHING INC

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD,  
SUITE 50-918  
ORLANDO, FL 32819

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD,  
SUITE 50-918  
ORLANDO, FL 32819 US

**FEI Number:** 82-4217933

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOSQUE, GABRIELA  
7512 DR. PHILLIPS BLVD,  
SUITE 50-918  
ORLANDO, FL 32819 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOSQUE, GABRIELA  
Address        7512 DR. PHILLIPS BLVD,  
                  SUITE 50-918  
City-State-Zip: ORLANDO FL 32819

Title            VP  
Name            BOSQUE, RANDALL  
Address        7512 DR. PHILLIPS BLVD,  
                  SUITE 50-918  
City-State-Zip: ORLANDO FL 32819

Title            DIRECTOR  
Name            DOMINICI, GIULIA  
Address        7512 DR. PHILLIPS BLVD,  
                  SUITE 50-918  
City-State-Zip: ORLANDO FL 32819

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RANDALL ELIOT BOSQUE

**VICE PRESIDENT**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date