


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000035960
 1. Entity Name
USRAD, INC.



Principal Place of Business
**13145 SOUTHWEST 28TH COURT
 DAVIE, FL 33330**

Mailing Address
**P.O. BOX 267132
 WESTON, FL 33326**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3637906 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

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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 _____ (NOTE: Registered Agent signature required when renouncing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CABRERA, MICHAEL A 13145 SOUTHWEST 28TH COURT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CABRERA, DONNA L 13145 SOUTHWEST 28TH COURT DAVIE, FL 33330
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 05/22/06-80011-012 150.00

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: Michael Cabrera **MICHAEL CABRERA** 5/1/2006 (954) 401-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OFFICE PHONE #