

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr-01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000121652

1. Entity Name
IMAGING101, INC.



Principal Place of Business
318 INDIAN TRACE
#284
WESTON, FL 33326 US

Mailing Address
318 INDIAN TRACE
#284
WESTON, FL 33326 US



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3665681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RUSSO, JACOB
318 INDIAN TRACE, #284
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RUSSO, MIKE
318 INDIAN TRACE, #284
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STROLENY, VLADIMIR
318 INDIAN TRACE #284
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/01/04-80028-006 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/04 301-591-1112
Date Daytime Phone #