


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000093388
 1. Entity Name
QUALITY X-RAY, INC.



Principal Place of Business Mailing Address
19339 S. DIXIE HWY. **19339 S. DIXIE HWY.**
MIAMI, FL 33137 **MIAMI, FL 33137**



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0707609 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CANLER, ALBERTO
19339 S. DIXIE HWY
MIAMI, FL 33157

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6. 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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	DPS
NAME	IRIBARREN, JOSE
STREET ADDRESS	10686 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V
NAME	SPINOLA, MARIA C
STREET ADDRESS	4480 SW 6TH TERR.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	T
NAME	CANLER, ALBERTO
STREET ADDRESS	5656 S.W. 75 AVE.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/26/04-80058-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X  **ALBERTO CANLER, TREAS.** **1/24/04**

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