

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V23649

**Entity Name:** C T IMAGING, INC.

**Current Principal Place of Business:**

10 NW 42 AV  
300  
MIAMI, FL 33126

**Current Mailing Address:**

10 NW 42 AVE  
300  
MIAMI, FL 33126 US

**FEI Number:** 65-0335539

**Certificate of Status Desired:** No

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

PENA, HECTOR  
6831 SW 95 AV  
MIAMI, FL 33173 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 PD  
Name PENA, HECTOR  
Address 10 NW 42 AVE  
300  
City-State-Zip: MIAMI FL 33126

*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:** HECTOR PENA

**PRESIDENT**

**04/30/2020**

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

\_\_\_\_\_  
Date