

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 690928 1. Entity Name COMMERCIAL X-RAY SERVICE, INC.					
Principal Place of Business 712 NE 1ST AVE FT LAUDERDALE FL 33304			Mailing Address 712 NE 1ST AVE FT LAUDERDALE FL 33304		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 59-2129130 ☐ Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent BARTRA, EDUARDO 712 N.E. 1 AVE. FT. LAUDERDALE FL 33334			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 completing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD BARTRA, EDUARDO 4720 NW 80 AVE FORT LAUDERDALE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000396401 04/25/08-80006-012 150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD BARTRA, EDWARD JR. 4720 NW 80 AVE FORT LAUDERDALE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerment.

SIGNATURE: *Eduardo Bartra* (Eduardo Bartra) 4/11/08 9544634212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR