

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000604

Entity Name: S&S X-RAY PRODUCTS, INC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

10625 TELGE ROAD  
HOUSTON, TX 77095

**New Principal Place of Business:**

**Current Mailing Address:**

10625 TELGE ROAD  
HOUSTON, TX 77095

**New Mailing Address:**

FEI Number: 11-1990504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: SHOENFELD, NORMAN A  
Address: 27 ASPEN DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: D ( ) Delete  
Name: SHOENFELD, DIANE L  
Address: 121 A CAMINO ACOTE  
City-St-Zip: SANTA FE, NM 87508

Title: DS ( ) Delete  
Name: SHOENFELD, MARTHA  
Address: 9786 HARBOR LAKE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONTE FIKES

CONT

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date