


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L55392
 1. Entity Name
CARDIOVASCULAR DIAGNOSTIC IMAGE INC.



Principal Place of Business 11880 BIRD RD STE.# 101 MIAMI, FL 33175 US	Mailing Address 11880 BIRD RD STE.# 101 MIAMI, FL 33175 US
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0177232	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MIRABOLO, EDELIO
 11880 BIRD RD, SUITE #101
 MIAMI, FL 33175

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

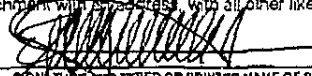
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000155450 05/05/04-80038-016 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIRABOLO, EDELIO 11880 BIRD RD. #101 MIAMI, FL 33175
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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)(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with proper cause, with all other like empowered.

SIGNATURE:  04/30/2004 (305) 221-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #