2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE IN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L86871 04-24-2006 90451 039 ***150.00 1. Entity Name A.T.X. RAY SERVICES INC. Principal Place of Business Mailing Address 50015236 975 SE 2ND PLACE -975 SE-2ND PLACE APT: E -APT. E HIALEAH, FL-33010 US-HIALEAH, FL 33010 3. Mailing Address 1745 ω 37와 2. Principal Place of Business 1745 W 37 st Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-P CR2E034 (11/05) _#9 Bay #9 Ban City & State City & State 4. FEI Number Applied For Hialaah 65-0205322 Hisaleat Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Terrero TERRERO, ANGEL Street Address (P.O. Box Number is Not Acceptable) 975 S.E. 2ND PLACE-APTE HIALEAH; FL 33010 Zip Code Higlan 3301 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Perrero, Angel TITLE Delete TITLE Change ☐ Addition NAME TERRERO, ANGEL NAME 975 S.E. 2ND PLACE 1745 W 37 ST bay #9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIAL FAH. FI CITY-ST-ZIP Higher Fl 33012 Change TITLE ☐ Delete TITLE ☐ Addition Espinosa, Yadira NAME ESPINOSA: YADIRA NAME 975 SE 2ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP Histor, F1 33012 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.