2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # M38164** 05 DEC -5 AM 11: 12 X-RAY TECHNOLOGY ENTERPRISE INC. BECHETARY OF STATE BALLAHASSEE, FLURIDA Principal Place of Business Mailing Address 330 S.W. 27 AVENUE 330 S.W. 27 AVENUE SUITE 708 **SUITE 708** MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2723233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAEZ, PEDRO P ESQ. 888 BRICKELL AVENUE, FIFTH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE TITLE Change Addition XX Delete PSTD NAME CANDAS, MARIA ELENA NAME Adam Murphy 330 SW 27th Avenue, #708 STREET ADDRESS 330 S.W. 27TH AVENUE, #708 STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-ZIF Miami Florida Change TIFLE ☐ Delete TITLE Addition 000061915630 12/05/05--01070--004 **61.25 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZP CATY - ST - ZIP Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7/P CITY-ST-ZIP 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 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.

ADAM MURPHY

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Amended