


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M42740
 1. Entity Name
ALLIED MOBILE X-RAY, INC.



Principal Place of Business
**8360 W FLAGLER STREET
 SUITE 207
 MIAMI FL 33144**

Mailing Address
**8360 W FLAGLER STREET
 SUITE 207
 MIAMI FL 33144**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



MOORE CR2E034 (11/03)

4. FEI Number **59-2741893**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AMAR, ERIC
 11806 S.W. 108 COURT
 MIAMI FL 33176**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	AMAR, ERIC	
STREET ADDRESS	11806 SW 108 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITMAN, AARON M.	
STREET ADDRESS	14450 SW 163 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITMAN, AARON M.	
STREET ADDRESS	14450 SW 163RD TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITMAN, LILLIAN	
STREET ADDRESS	8 PINTA RD.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000027360	
STREET ADDRESS	02/03/04-80043-016 150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 reports 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.

SIGNATURE: _____ *Eric Amar* **1-22-04 (305) 220-0333**