
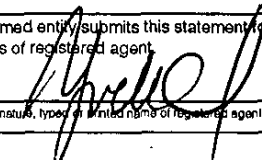
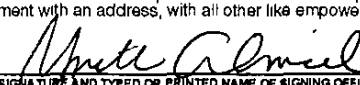


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000092282		
1. Entity Name MP DIAGNOSTIC, INC.		
Principal Place of Business 9090 SW 87 COURT MIAMI, FL 33176		Mailing Address 9090 SW 87 COURT MIAMI, FL 33176
DO NOT WRITE IN THIS SPACE		
		01292007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1049270		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ALMEIDA, YVETTE 9090 SW 87 COURT MIAMI, FL 33176		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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 2/11/07
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000647795 03/06/07-80087-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, YVETTE ANGELA 9090 SW 87 COURT MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIE, GRAZIE MARIA 9090 SW 87 COURT MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/11/07 305 265 7609 Daytime Phone #