


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90205 001 ***600.00

| | |
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| DOCUMENT # P01000016958 |  |
| 1. Entity Name WOMAN TO WOMAN BREAST IMAGING, INC. | |

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|---|---|
| Principal Place of Business 7408 SW 48TH STREET 2ND FLOOR MIAMI, FL 33155 | Mailing Address 7408 SW 48TH STREET 2ND FLOOR MIAMI, FL 33155 |
|---|---|

66015209



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|--|--|
| 2. Principal Place of Business 7406 SW 48 ST | 3. Mailing Address 7406 SW 48 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04252005 Chg-P CR2E034 (10/03)

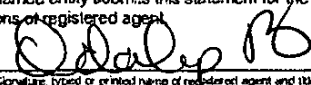
| | |
|----------------------------------|----------------------------------|
| City & State MIAMI, FL | City & State MIAMI, FL |
| Zip 33155 | Country USA |
| City & State MIAMI, FL | City & State MIAMI, FL |
| Zip 33155 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 65-1077391 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

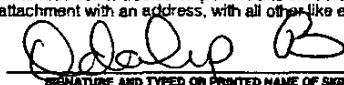
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| 6. Name and Address of Current Registered Agent | |
| TORRES, ODALYS 7408 SW 48TH ST. MIAMI, FL 33155 | |

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|--|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 7406 SW 48 ST | |
| City MIAMI | FL Zip Code 33155 |

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|---|----------------------|
| 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: 4-25-05 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE ODALYS TORRES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TORRES, ODALYS | | NAME 7406 SW 48 ST | |
| STREET ADDRESS 7408 SW 48TH ST | | STREET ADDRESS MIAMI, FL 33155 | |
| CITY-ST-ZIP MIAMI, FL 33155 | | CITY-ST-ZIP MIAMI, FL 33155 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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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 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:  | Date: 4-25-05 Daytime Phone #: 305 261-1242 |