

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108977

1. Entity Name
X-RAYS & PORTABLE SERVICE 'R US, INC.



FILED

04 JUN 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

423 W. 27TH ST.
HIALEAH, FL 33010

Mailing Address

423 W. 27TH ST.
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE



06072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1155990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R
1455 NW 14TH ST.
MIAMI, FL 33125

**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:

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CORREA, LEONARDO 423 W. 27TH ST. HIALEAH, FL 33010
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300038354173
06/28/04-01059-009 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Leonardo Correa (PRES.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-04 (305) 885-2334
Date Daytime Phone #