

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90001 023 ***150.00

DOCUMENT # P02000094300

1. Entity Name
A.M. X RAY CORPORATION



Principal Place of Business

**4700 NW 7ST STE 4
MIAMI, FL 33126**

Mailing Address

**4700 NW 7ST STE 4
MIAMI, FL 33126**

54017028

2. Principal Place of Business

4700 NW 7ST

3. Mailing Address

4700 NW 7ST



03102004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

5

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

61-1424881

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

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

6. Name and Address of Current Registered Agent

**MONTOTO, ALBERTO
4700 NW 7ST STE 4
MIAMI, FL 33126**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MONTOTO, ALBERTO**
STREET ADDRESS **341 MADEIRA AVENUE, NO. 2**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **TD** ☐ Delete
NAME **BEUNES, MARISEL**
STREET ADDRESS **341 MADEIRA AVENUE, NO. 2**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 or without other like empowered.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO MONTOTO 03/10/04 (305) 567-0886
PRESIDENT

Date

Daytime Phone #