


FILED
May 18, 2007 8:00 am
Secretary of State

04-27-2007 90192 012 ***150.00
05-18-2007 90020 050 ***400.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000094300 1. Entity Name A.M. X RAY CORPORATION	
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Principal Place of Business 4700 NW 7ST STE 6 MIAMI, FL 33126	Mailing Address 4700 NW 7ST STE 6 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

40116051



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1424881	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

**MONTOTO, ALBERTO
2901 SW 25 ST
MIAMI, FL 33133**

**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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTOTO, ALBERTO 2901 SW 25 ST MIAMI, FL 33133
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**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____