2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000097572

1. Entity Name
MOBILE IMAGING OF AMERICA, INC.

Principal Place of Business	Mailing Address
7360 CORAL WAY	7360 CORAL WAY
SUITE 27-A	SUITE 27-A
MIAMI FL 33155	MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1657550 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, IGNACIO JAVIER	Name
7360 CORAL WAY	Street Address (P.O. Box Number is Not Acceptable)
SUITE 27-A	
MIAMI FL 33155	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 _____ Ignacio Javier Fernandez _____ 3/24/03

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PSD**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **FERNANDEZ, IGNACIO JAVIER**		NAME	
STREET ADDRESS **7360 CORAL WAY-27**		STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33155**		CITY-ST-ZIP	
TITLE **VD**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **COSIO, ROBERTO R**		NAME	
STREET ADDRESS **7360 CORAL WAY-27**		STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33155**		CITY-ST-ZIP	
TITLE **D**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **DE CESPEDES, CARLOS M**		NAME	
STREET ADDRESS **7360 CORAL WAY-27**		STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33155**		CITY-ST-ZIP	
TITLE **D**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **DE CESPEDES, JORGE**		NAME	
STREET ADDRESS **7360 CORAL WAY-27**		STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33155**		CITY-ST-ZIP	
TITLE **D**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **MUNOZ, MARCOS ANTONIO**		NAME	
STREET ADDRESS **7360 CORAL WAY-27**		STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33155**		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/0/02)

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: _____ SIGNATURE REQUIRED Ignacio Javier Fernandez 3/24/03 305-341-0839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #