

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90005 041 \*\*\*550.00

**DOCUMENT # P03000054269**

1. Entity Name

MEDIRAD DEPOT INTERNATIONAL, INC.



Principal Place of Business

1123 HALLAMWOOD TR SOUTH  
LAKELAND FL 33813

Mailing Address

1123 HALLAMWOOD TR SOUTH  
LAKELAND FL 33813

03004301



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUSA, LUIS G  
1123 HALLAMWOOD TR SOUTH  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name  
**CASTILLEJOS, ROSALINDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1123 HALLAMWOOD TR SOUTH**  
City **LAKELAND** FL Zip Code **33813**

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 \$150.00**

After May 1, 2004 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

TITLE PD ☐ Delete  
NAME MORALES, GUILLERMO R  
STREET ADDRESS 1123 HALLAMWOOD TR SOUTH  
CITY-ST-ZIP LAKELAND FL 33813

TITLE SD ☐ Delete  
NAME GOMEZ, MANRIQUE J  
STREET ADDRESS 1123 HALLAMWOOD TR SOUTH  
CITY-ST-ZIP LAKELAND FL 33813

TITLE TD ☐ Delete  
NAME CASTILLEJOS, ROSALINDA V  
STREET ADDRESS 1123 HALLAMWOOD TR SOUTH  
CITY-ST-ZIP LAKELAND FL 33813

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 MARTINEZ, MANRIQUE JAVIER  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME CASTILLEJOS, ROSALINDA  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Rosalinda de Castillejos* ROSALINDA CASTILLEJOS 3/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(863) 644-9139

Daytime Phone #