2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90110 049 ***150.00

DOCUMENT # P03000054269

1. Entity Name
MEDIRAD DEPOT INTERNATIONAL, INC.

50003204

Principal Place of Business	Mailing Address
1123 HALLAMWOOD TR SOUTH LAKELAND, FL 33813	1123 HALLAMWOOD TR SOUTH LAKELAND, FL 33813

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
315 LAKE MIRIAM DR.	315 LAKE MIRIAM DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: LAKELAND, FL
Zip: 33813 Country: USA	Zip: 33813 Country: USA

4. FEI Number: ~~APPLIED FOR~~ 71-0964993 ☐ 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
CAASTILLEJOS, ROSALINDA 1123 HALLANWOOD TR SOUTH LAKELAND, FL 33813	Name: CASTILLEJOS, ROSALINDA Street Address (P.O. Box Number is Not Acceptable): 315 LAKE MIRIAM DR. 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: /Rosalinda de Castillejos ROSALINDA CASTILLEJOS 1/10/05
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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORALES, GUILLERMO R 1123 HALLAMWOOD TR SOUTH LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CASTILLEJOS-MORALES, GUILLERMO R. 315 LAKE MIRIAM DR. LAKELAND, FL 33813	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTINEZ, MANRIQUE J 1123 HALLAMWOOD TR SOUTH LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 315 LAKE MIRIAM DR. LAKELAND, FL 33813	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASTILLEJOS, ROSALINDA 1123 HALLAMWOOD TR SOUTH LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 315 LAKE MIRIAM DR. LAKELAND, FL 33813	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

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 1/10/05 (863) 646-5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #