

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

04-30-2004 90269 007 ***158.75
05-04-2004 90163 034 ***158.75

DOCUMENT # P03000066507			
1. Entity Name SANTANA DIAGNOSTIC SERVICES CORP.			
Principal Place of Business 2342 SW 15 STREET MIAMI, FL 33145		Mailing Address 2342 SW 15 STREET MIAMI, FL 33145	
2. Principal Place of Business 12855 S.W. 136 AVE. Suite, Apt. #, etc. <u>212</u>		3. Mailing Address 12855 S.W. 136 AVE. Suite, Apt. #, etc. <u>212</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33186</u> Country <u>USA</u>		Zip <u>33186</u> Country <u>USA</u>	
6. Name and Address of Current Registered Agent DELVALLE, MANUEL 2342 SW 15 STREET MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <u>DEL VALLE, MANUEL R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>12855 S.W. 136 AVE #212</u> City <u>Miami</u> FL Zip <u>33186</u>	
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 <u>X Manuel R. Del Valle</u> DATE <u>04/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PTD</u> <input type="checkbox"/> Delete NAME <u>DELVALLE, MANUEL M</u> STREET ADDRESS <u>2342 SW 15 STREET</u> CITY-ST-ZIP <u>MIAMI, FL 33145</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>12855 S.W. 136 AVE #212</u> STREET ADDRESS <u>Miami, FL 33186</u> CITY-ST-ZIP <u>Miami, FL 33186</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>MANUEL R. DEL VALLE</u> STREET ADDRESS <u>12855 S.W. 136 AVE #212</u> CITY-ST-ZIP <u>Miami, FL 33186</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>MANUEL R. DEL VALLE</u> STREET ADDRESS <u>12855 S.W. 136 AVE #212</u> CITY-ST-ZIP <u>Miami, FL 33186</u>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>X Manuel R. Del Valle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/28/04</u> (305) 251-4449	