

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065751

Entity Name: IDEAL IMAGING INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

7850 NW 146TH ST  
SUITE 506  
MIAMI LAKES, FL 33016

## Current Mailing Address:

7850 NW 146TH ST  
SUITE 506  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

3412 W 84TH STREET  
SUITE 100  
HIALEAH, FL 33018

## New Mailing Address:

3412 W 84TH STREET  
SUITE 100  
HIALEAH, FL 33018

FEI Number: 20-2846224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARGAS, ARMANDO A  
7850 NW 146 STREET  
SUITE 506  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

CAJELLA, ADA A  
3412 W 84TH STREET  
SUITE 100  
HIALEAH, FL 33018 US

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.

SIGNATURE: ADA CAJELLA

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: CAMPBELL, CLAUDE C SR  
Address: 2643 WEST TARPON DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: P ( ) Delete  
Name: VARGAS, ARMANDO  
Address: 15704 NW 81ST COURT  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: URBIZU, ADA  
Address: 3412 W 84TH STREET  
City-St-Zip: HIALEAH, FL 33018

Title: P (X) Change ( ) Addition  
Name: CAJELLA, ADA  
Address: 3412 W 84TH STREET  
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADA CAJELLA

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date