2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000072260 1. Entity Name H D IMAGING INC.								03-24-2006	_		
Principal Place of Business			Ma	ailing Address		<u> </u>					
12405 NW 7 ST				2405 NW 7 ST		302					
MIAMI, FL 33182			IV	IIAMI, FL 33182	1	Ì					
2. Principal Place of Business			3.	Mailing Address			U 11111 011U 50U 64U 61U			il ee ii lee	
Suite, Apt. #, etc.			 - ;	Suite, Apt. #, etc.			03082006	Cha D	00000	24.4400	
							Chg-P	CRZEU	34 (11/05)		
City & State			'	City & State		1 4. FEI Numb	88 5 306			plied For at Applicable	
Zip	Country			Zip Cour		try				\$8.75 Add	
	S Name s	and Address of Cours	et Basis	torned & cont	l		<u> </u>	-		Fee Require	d .
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New R	egistered A	gent	
JIMENEZ, CARLOS						Street Address	/D.O. Boy Mumb	and la National and American			
12405 NW 7 ST MIAMI, FL 33182						Street Address	(P.O. Box Numi	per is Not Acceptable	',		
						City			FL	Zip Cod	е
8. The above nam	ned entity	submits this statemen	t for the p	urpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo		 amiliar with.	and accept
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											
Signa	ature, typed or	printed name of registered ag	ent and litle i	t applicable. (NOT	E: Registère	d Agent signature require	ed when refretating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	<u> </u>	OFFICERS AN	ND DIREC		11.	. 1	ADDITIONS	/CHANGES TO OFF	ICERS AND		
	DP Defete III									☐ Change	Addition
l I	12405 NW 7 ST					ET ADDRESS					
	AMI, FL		CITY	-SI-ZIP							
TITLE DV	/ MENEZ, (SISEI A		☐ Delete	TITLE NAM					☐ Change	Addition
	405 NW					ET ADDRESS					
CITY-ST-ZIP MI	MIAMI, FL 33182				CITY	-ST-ZIP					
TITLE	☐ Delete TITLE									Change	☐ Addition
NAME Street address	I					E Et address		-			~
CITY-SI-ZIP				-ST-ZIP							
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NAME					NAM						ļ
STREET ADDRESS City-St-Zip						ET ADDRESS -ST-ZIP					
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NAME					NAM	E				_ •	
STREET ADDRESS CITY-ST-ZIP					•	ET ADDRESS -ST-ZIP					
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NAME					NAM						
STREET ADDRESS		- '	•			ET ADDRESS					
CITY-ST-ZIP	h, that ===	information as a "-"		ling done not	l	-ST-ZIP	od in Ohanes	O Florida October	from the second	· · · ·	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and courage 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.											
CICNATURE / Harlo men VP 2/13/14 (Sac)210 200											
SIGNATURE: V.P. 3/3/06/(305)00 8-053 > SIGNATURE: Date of Printed Name of Signing Officer or Director Date Despire Phone of											