

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127881

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: IMAGING EDUCATORS, INC.

## Current Principal Place of Business:

6501 NW 36TH STREET  
SUITE 449  
VIRGINIA GARDENS, FL 33166

## New Principal Place of Business:

3408 WEST 84 STREET  
SUITE 202  
HIALEAH, FL 33018

## Current Mailing Address:

6501 NW 36TH STREET  
SUITE 449  
VIRGINIA GARDENS, FL 33166

## New Mailing Address:

3408 WEST 84 STREET  
SUITE 202  
HIALEAH, FL 33018

FEI Number: 20-5673334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER MEADOWS, TOMETRA  
899 NW 213 TERRACE, STE. 207  
MIAMI, FL 33169 US

## Name and Address of New Registered Agent:

REVUELTA, JUAN  
7094 WEST 30 AVE  
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: JUAN REVUELTA

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: REVUELTA, JUAN  
Address: 7094 W. 30 AVE.  
City-St-Zip: HIALEAH, FL 33018

Title: SD (X) Delete  
Name: FOSTER MEADOWS, TOMETRA  
Address: 899 NW 213 TERRACE, STE. 207  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN REVUELTA

PTD

03/19/2009

Electronic Signature of Signing Officer or Director

Date