

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053604

FILED
May 16, 2008
Secretary of State

Entity Name: VIVID IMAGING SERVICES, INC.

Current Principal Place of Business:

6090 WEST FLAGLER ST APT 308
MIAMI, FL 33144

New Principal Place of Business:

11421 SW 82 TERRACE
MIAMI, FL 33173

Current Mailing Address:

6090 WEST FLAGLER ST APT 308
MIAMI, FL 33144

New Mailing Address:

11421 SW 82 TERRACE
MIAMI, FL 33173

FEI Number: 01-0895833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACANDA, LAZARO
6090 WEST FLAGLER ST APT 308
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

ACANDA, LAZARO
11421 SW 82 TERRACE
MIAMI, FL 33173 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: LAZARO ACANDA

05/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACANDA, LAZARO
Address: 6090 WEST FLAGLER ST APT 308
City-St-Zip: MIAMI, FL 33144

Title: VPD () Delete
Name: JORRIN, JANETTE
Address: 6090 WEST FLAGLER ST APT 308
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ACANDA, LAZARO
Address: 11421 SW 82 TERRACE
City-St-Zip: MIAMI, FL 33173

Title: VPD (X) Change () Addition
Name: JORRIN, JANETTE
Address: 11421 SW 82 TERRACE
City-St-Zip: MIAMI, FL 33173

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: LAZARO ACANDA

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05/16/2008

Electronic Signature of Signing Officer or Director

Date