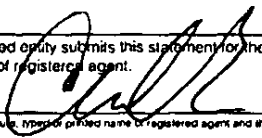
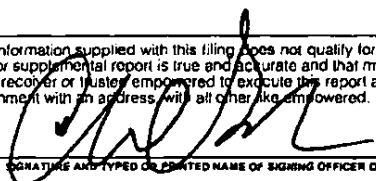


FILED
Jun 13, 2008 8:00 am
Secretary of State

05-02-2008 90160 021 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

5/27

DOCUMENT # P07000059065			
1. Entity Name ADVANCED IMAGING PROJECTS, INC.			
Principal Place of Business 1910 NE MIAMI CT. MIAMI, FL 33132 US		Mailing Address 1910 NE MIAMI CT. MIAMI, FL 33132 US	
2. Principal Place of Business - No P.O. Box # 10425 NW 37 TERRACE Suite, Apt. #, etc.		3. Mailing Address 10425 NW 37 TERRACE Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. FEI Number 26-2770369		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORAND, CHRISTOPHER J 1910 NE MIAMI CT MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Christopher ORAND Street Address (P.O. Box Number is Not Acceptable) 10425 NW 37TH TERRACE City DORAL FL Zip Code 33178	
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  DATE 4/30/08 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SATZ, ROSANNE 1910 NE MIAMI CT MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRO SATZ, STANLEY 1910 NE MIAMI CT MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORAND, CHRISTOPHER 1910 NE MIAMI CT MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 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 recorder 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: 		Date 4/30/08 Daytime Phone # 305 408 9141	