


FROM : RAMIREZ'S OFFICE

FAX NO. : 305 827 9956

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91034 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|---|---|---|
| DOCUMENT # P94000045884 | |  | |
| 1. Entity Name HIALEAH IMAGING, CORP. | | | |
| Principal Place of Business 4410 WEST 16TH AVE STE 28A HIALEAH, FL 33012 | | Mailing Address 4410 WEST 16TH AVE STE 28A HIALEAH, FL 33012 | |
| 2. Principal Place of Business 1681 West 37 St | | 3. Mailing Address 1681 West 37 St. | |
| Suite, Apt. #, etc. B07 #18 | | Suite, Apt. #, etc. B07 #18, 19. | |
| City & State Hialeah, FL | | City & State Hialeah, FL | |
| Zip 33012 | Country | Zip 33012 | Country |
| 4. FEI Number 65-0501718 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAMIREZ, MARIO 4410 W 16TH AVENUE #28-A HIALEAH, FL 33012 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1681 West 37 St. B07 #18, 19 City Hialeah, FL Zip Code 33012 | |
| 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 _____ (NOTE: Registered Agent Signature required upon registering) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD | NAME RAMIREZ, MARIO | TITLE <input type="checkbox"/> Delete | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4410 W. 16TH AVE. #28-A | CITY- ST- ZIP HIALEAH, FL 33012 | STREET ADDRESS 1681 W 37 St. B07 #18, 19 | CITY- ST- ZIP Hialeah, FL 33012 |
| TITLE VD | NAME OJEDA, RUBEN | TITLE <input type="checkbox"/> Delete | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4410 W. 16TH AVE. #28-A | CITY- ST- ZIP HIALEAH, FL 33012 | STREET ADDRESS 1681 W 37 St. B07 #18, 19 | CITY- ST- ZIP Hialeah, FL 33012 |
| TITLE TD | NAME GERVET, JOEL D | TITLE <input type="checkbox"/> Delete | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4410 W. 16TH AVE. #28-A | CITY- ST- ZIP HIALEAH, FL 33012 | STREET ADDRESS 1681 W 37 St B07 #18, 19 | CITY- ST- ZIP Hialeah, FL 33012 |
| TITLE SD | NAME GUTIERREZ, ARMANDO | TITLE <input type="checkbox"/> Delete | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4410 W. 16TH AVE. #28-A | CITY- ST- ZIP HIALEAH, FL 33012 | STREET ADDRESS 1681 W 37 St. B07 #18, 19 | CITY- ST- ZIP Hialeah, FL 33012 |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY- ST- ZIP | STREET ADDRESS | CITY- ST- ZIP |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY- ST- ZIP | STREET ADDRESS | CITY- ST- ZIP |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 an other like empowered. | | | |
| SIGNATURE: Joel D Gervet | | Date: 4/29/04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |