

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90016 003 ***150.00

DOCUMENT # P95000072226

1. Entity Name

LAVOD PORTABLE X RAY INC.



Principal Place of Business

1393 SW 1ST STREET #210
MIAMI FL 33135

Mailing Address

1393 SW 1ST STREET #210
MIAMI FL 33135

34017700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0608299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECHENIQUE, REYNALDO
1393 SW 1 STREET #210
MIAMI FL 33135

Name Roberto Rosell

Street Address (P.O. Box Number is Not Acceptable)

954 SW 148 PL

City Miami

FL

Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable.

Roberto Rosell

(NOTE: Registered Agent signature required when reinstating)

2-28-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☒ Delete
NAME ECHENIQUE, REYNALDO
STREET ADDRESS 1393 SW 1 STREET #210
CITY-ST-ZIP MIAMI FL 33135

TITLE Roberto Rosell ☒ Change ☐ Addition
NAME
STREET ADDRESS 1393 SW 1ST #210
CITY-ST-ZIP Miami FL 33135

TITLE VD ☐ Delete
NAME PALACIOS, ALBERTINA
STREET ADDRESS 1393 SW 1 STREET #210
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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)(i), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/04

Date

Daytime Phone #