

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/4

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-04-2006 90239 027 ***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																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		4. FET Number 85-0808299																																																																																																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent ROSELL, ROBERTO 894 SW 148 PL MIAMI, FL 33184			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																		
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 _____																																																																																																					
FILE NOW!!! FEB IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ROSELL, ROBERTO 1393 SW 1 STREET #210 MIAMI, FL 33135</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VD PALACIOS, ALBERTINA 1393 SW 1 STREET #210 MIAMI, FL 33135</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ROSELL, ROBERTO 1393 SW 1 STREET #210 MIAMI, FL 33135		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	VD PALACIOS, ALBERTINA 1393 SW 1 STREET #210 MIAMI, FL 33135		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	ROSELL, ROBERTO 1393 SW 1 STREET #210 MIAMI, FL 33135		STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	VD PALACIOS, ALBERTINA 1393 SW 1 STREET #210 MIAMI, FL 33135		STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
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 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: _____ 6-19-06 (305) 216-9218 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR																																																																																																					