2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000093388

1. Entity Name
QUALITY X-RAY, INC.

Principal Place of Business	Mailing Address
19339 S. DIXIE HWY. MIAMI, FL 33137	19339 S. DIXIE HWY. MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

01182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0707609	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CANLER, ALBERTO
19339 S. DIXIE HWY
MIAMI, FL 33157

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE 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 Fees	00000040545? 02/07/06-80042-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	IRIBARREN, JOSE
STREET ADDRESS	10686 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V
NAME	SPINOLA, MARIA C
STREET ADDRESS	4480 SW 6TH TERR.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	T
NAME	CANLER, ALBERTO
STREET ADDRESS	5656 S.W. 75 AVE.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: X _____   ALBERTO CANLER, TREAS. 1/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #