



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000099278</b>	
<b>1. Entity Name</b> ACCURATE X-RAY FILM DUPLICATION, INC.	

<b>Principal Place of Business</b> 3603 W. AZEELE STREET TAMPA, FL 33609	<b>Mailing Address</b> 3603 W. AZEELE STREET TAMPA, FL 33609
--	--

DO NOT WRITE IN THIS SPACE

	
04212005	No Chg-P CR2E034 (10/03)
<b>4. FEI Number</b> 59-3480724	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  VAZQUEZ-SULL, YOLANDA 3603 W. AZEELE STREET TAMPA, FL 33609	DO NOT WRITE IN THIS SPACE
<b>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.</b>	

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

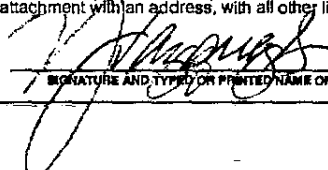
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD VAZQUEZ-SULL, YOLANDA 3603 W. AZEELE STREET TAMPA, FL 33609
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, JOSE O 3603 W. AZEELE STREET TAMPA, FL 33609
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

U00000326243  
04/23/05-80047-023 150.00

DO NOT WRITE  
IN THIS SPACE

**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 all other like empowered.**

**SIGNATURE:**  **YOLANDA VAZQUEZ-SULL** 4/21/05 8135417142

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