

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000099278

1. Entity Name
ACCURATE X-RAY FILM DUPLICATION, INC.



Principal Place of Business
**3603 W. AZEELE STREET
TAMPA, FL 33609**

Mailing Address
**3603 W. AZEELE STREET
TAMPA, FL 33609**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAZQUEZ-SULL, YOLANDA
3603 W. AZEELE STREET
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	VAZQUEZ-SULL, YOLANDA
STREET ADDRESS	3603 W. AZEELE STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	PD
NAME	VAZQUEZ, JOSE O
STREET ADDRESS	3603 W. AZEELE STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000520743
05/02/06-80106-012 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06 8135417142