


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90040 032 \*\*\*150.00

<b>DOCUMENT # P97,000099278</b> 1. Entity Name ACCURATE X-RAY FILM DUPLICATION, INC.	
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Principal Place of Business 3603 W. AZEELE STREET TAMPA, FL 33609	Mailing Address 3603 W. AZEELE STREET TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**



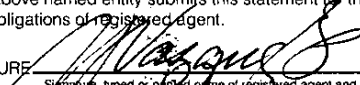
05072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3480724	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FUGIT</b> VAZQUEZ-SULL, YOLANDA 3603 W. AZEELE STREET TAMPA, FL 33609
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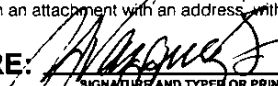
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<b>YOLANDA VAZQUEZ-FUGIT</b>	<b>5/7/08</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>FUGIT</b> VAZQUEZ-SULL, YOLANDA 3603 W. AZEELE STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, JOSE O 3603 W. AZEELE STREET TAMPA, FL 33609
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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: 	<b>YOLANDA VAZQUEZ-FUGIT</b>	<b>5/7/08 8135417142</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #