FILED Mar 05, 2007 8:00 am Secretary of State

2007	FOR PROFIT CORPORATION
	ANNUAL REPORT

DOCUMENT # P98000029949 1. Entity Name ADVANCED IMAGING SERVICES, INC,					03-05-2007 90039 042 ***150.00			
Principal Place of Business Mailing Address					1			
475 BILTMORE WAY		475 BILTMORE WAY						
304 CODAL CARL	304	124	US					
CORAL GABLES, FL 33134 US CORAL GABLES, FL 33			154 05				. 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 65-0825	210	 	oplied For ot Applicable	
Zip Country		Zip	Country			f Status Desired	□ \$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent				ddress of New R	Fee Require	d
	o. Name and Address of Outlen	registered Agent		Name	7. Name and A	lociess of New Ki	egistered Agent	
CARVAJAL, GRISEL 475 BILTMORE WAY				Street Address (P.O. Box Number is Not Acceptable)				
304 CORAL GA	ABLES, FL 33134			<u> </u>			- ,	
	,			City			FL Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered off					red agent or both	in the State of Flo	1	and accept
the obligat	ions of registered agent.	The paragraph of the same of t	· og.o.o.	5 G G G G G G G G G G G G G G G G G G G	os agon, or som	, with the blace of the	rica: Tarricanina, Wan	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	I when reinstating)	 -	DATE	
				-			_	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Contr	-		.00 May Be ed to Fees			
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME	PS CARVAJAL, GRISEL	☐ Delete	TITLI	l l			☐ Change	☐ Addition
STREET ADDRESS	1			ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
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CITY-ST-ZIP			CITY	-ST-ZIP			<u> </u>	
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STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
12. I hereby of indicated of the corchanged	certify that the information supplied witt on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	h this filing does not qualify fo extrue and accurate and that n owered to execute this report with all other like empowered	r the exi ny signa as requi	emptions contained ture shall have the red by Chapter 607	d in Chapter 119, same legal effect 7, Florida Statutes:	Florida Statutes. I as if made under o and that my name	further certify that the ir ath; that I am an officer appears in Block 10 or	nformation or director r Block 11 if

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