**FILED** 

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## May 02, 2007 8:00 am Secretary of State DOCUMENT # P98000049454 1. Entity Name 05-02-2007 90039 005 \*\*\*158.75 FLORIDA IMAGING SERVICES, INC. Principal Place of Business Mailing Addross 12332 SW 131ST AVE. P.O. BOX 770308 **MIAMI FL 33186 MIAMI FL 33177** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State 4. FEI Number City & State 65-0839622 Not Applicable Zip Country \$8.75 Additional 5 Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARISTINA EARCIA MENDEZ, MADELEINE 12332 SW 131ST AVE. **MIAMI FL 33186** 8. The above named er changing its registered office or registered agent, or both, in the State of Florida. the obligations of re SIGNATURE Signature, typed or printed name of registered agent and little r applicable. (NOTE: Registered Agent signature required when redistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HHI ☐ Delete MENDEZ, MADELEINE MENDEZ MADELLINE 12332 SW 131ST AVE. P.O. BOX 770308 STREET ADDRESS STREET ADDRESS MIAMI, FLORIZA 33197 MIAMI FL 33186 CHY-S1-74P CITY - ST - ZIP Addition ☐ Delete HILL ☐ Change GARCIA, MARIA D NAME NAME 12332 SOUTHWEST 131 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition 1011 HILE GARCIA, LUIS J NAME NAM STREET ADDRESS 12332 SOUTHWEST 131 AVENUE STREET ADDRESS MIAMI'FL 33186 CHY-SI-7IP CITY-S1-7IP TITLE ☐ Delete Ш ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST ZIP 1000 ☐ Delete HILE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-74P COY-ST-ZIP ☐ Change Addition THEE ☐ Delele TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or nurse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 indicated on this report or supplemental report is true and accurate of the corporation or the receiver or runtee empowered to executifichanged, or on an attachment with an address, with all others.