

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90008 029 ***158.75

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1. Entity Name

FLORIDA IMAGING SERVICES, INC.



Principal Place of Business

12332 SW 131ST AVE.
MIAMI FL 33186

Mailing Address

P.O. BOX 770308
MIAMI FL 33177



2. Principal Place of Business - No P.O. Box #

15142 SW 143 Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33196

Country

MIAMI-DADE

Zip

Country

4. FEI Number

65-0839622

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

GARCIA, CHRISTINA
15142 SW 143 TER
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date. If applicable.

(NOTE: Registered Agent signature required when submitting)

4/22/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITILE T ☐ Delete
NAME MENDEZ, MADELEINE
STREET ADDRESS PO BOX 770308
CITY-ST-ZIP MIAMI FL 33197

TITILE V ☐ Delete
NAME GARCIA, MARIA D
STREET ADDRESS 12332 SOUTHWEST 131 AVENUE
CITY-ST-ZIP MIAMI FL 33186

TITILE P ☐ Delete
NAME GARCIA, CHRISTINA
STREET ADDRESS 15142 SW 143 TER
CITY-ST-ZIP MIAMI FL 33196

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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 changes empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

305-251-6874

Daytime Phone #