

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049454

FILED
Apr 06, 2009
Secretary of State

Entity Name: FLORIDA IMAGING SERVICES, INC.

Current Principal Place of Business:

15142 SW 143 TERRACE
MIAMI, FL 33196

New Principal Place of Business:

14969 SW 140TH STREET
MIAMI, FL 33196

Current Mailing Address:

P.O. BOX 770308
MIAMI, FL 33177

New Mailing Address:

FEI Number: 65-0839622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, CHRISTINA
15142 SW 143 TER
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MENDEZ, MADELEINE
Address: PO BOX 770308
City-St-Zip: MIAMI, FL 33197

Title: V () Delete
Name: GARCIA, MARIA D
Address: 12332 SOUTHWEST 131 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: P () Delete
Name: GARCIA, CHRISTINA
Address: 15142 SW 143 TER
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MENDEZ, MADELEINE
Address: PO BOX 770308
City-St-Zip: MIAMI, FL 33177

Title: V (X) Change () Addition
Name: GARCIA, MARIA D
Address: P.O. BOX 770308
City-St-Zip: MIAMI, FL 33177

Title: P (X) Change () Addition
Name: GARCIA, CHRISTINA
Address: P.O. BOX 770308
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA GARCIA

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date