

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06224

FILED
May 07, 2007
Secretary of State

Entity Name: BON-BONE MEDICAL IMAGING INCORPORATED

Current Principal Place of Business:

8261 SW 142 ST
MIAMI, FL 33158 US

New Principal Place of Business:

7205 CORPORATE CENTER DRIVE
405
MIAMI, FL 33126 US

Current Mailing Address:

8261 SW 142 ST
MIAMI, FL 33158 US

New Mailing Address:

7205 CORPORATE CENTER DRIVE
405
MIAMI, FL 33126 US

FEI Number: 65-0224881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABROZZI, GARY F
8261 SW 142 STREET
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

LABROZZI ENTERPRISES, INC.
7205 CORPORATE CENTER DRIVE
405
MIAMI, FL 33126 US

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: GARY LABROZZI

05/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDMUND SANTIAGO,
Address: 8261 SW 142 ST
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: DARNIE LABROZZI,
Address: 8261 SW 142 ST
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: JUNE CHEN,
Address: 8261 SW 142 ST
City-St-Zip: MIAMI, FL 33158

Title: CEO (X) Delete
Name: GARY F. LABROZZI,
Address: 8261 SW 142 ST
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: INTERNATIONAL REINSURANCE PARTNERS, LLC
Address: 7205 CORPORATE CENTER DRIVE #405
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: LABROZZI ENTERPRISES, INC.
Address: 7205 CORPORATE CENTER DRIVE #405
City-St-Zip: MIAMI, FL 33126

Title: CEO (X) Change () Addition
Name: LABROZZI, GARY F
Address: 7205 CORPORATE CENTER DRIVE #405
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY LABROZZI

CEO

05/07/2007

Electronic Signature of Signing Officer or Director

Date