

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S28326

1. Entity Name  
MEDICAL IMAGING ENGINEERING, INC.



Principal Place of Business

7321 NW 35TH ST  
MIAMI, FL 33122 US

Mailing Address

7321 NW 35TH ST  
MIAMI, FL 33122 US



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

5. Name and Address of Current Registered Agent

BELLO, JOSE A.  
7321 NW 34TH ST  
MIAMI, FL 33122

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of registering the 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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
DURANZA, CARLOS  
7321 NW 35TH ST  
MIAMI, FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
BELLO, JOSE A  
7321 NW 35TH ST  
MIAMI, FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
SUAREZ, RAFAEL  
7321 NW 35TH ST  
MIAMI, FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000365021  
05/09/05-80021-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #