2007 FOR PROFIT ORPORATION ANNUAL REPORT

May 01, 2007 08:00 AM Secretary of State DOCUMENT # P01000094520 1. Entity Name INTERNATIONAL RADIATION ENTERPRISE, INC. Principal Place of Business Mailing Address 1503 S.W. 142ND PLACE 1503 S.W. 142ND PLACE MIAMI, FL 33184 MIAMI, FL 33184 04292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0606299 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . \square Fee Required 6. Name and Address of Current Registered Agent FRIGER, OSVALDO DO NOT WRITE 1503 S.W. 142ND PLACE MIAMI, FL 33184 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PΩ TITLE NAME FRIGER, OSVALDO STREET ADDRESS 1503 S.W. 142ND PLACE CITY-ST-ZIP MIAMI, FL 33184 VD TITLE NAME ESCOVAR, RAMON 1503 S.W. 142ND PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I nereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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:

STREET ADDRESS

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 305554-9624

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