2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 110988

1. Entity Name
RADIANT OIL COMPANY

Principal Place of Business	Mailing Address
2990 N W 24TH ST MIAMI, FL 33142	2990 N W 24TH ST MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0414360

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, ORESTES
2990 N W 24TH ST
MIAMI, FL 33142

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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 X [signature] 01-19-05
Signature, typed or printed name of registered agent and title if applicable (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	P
NAME	FLORES,ORESTES
STREET ADDRESS	10485 NW 132 STREET
CITY-ST-ZIP	HIALEAH GARDENS, FL
TITLE	V
NAME	FLORES, JUAN
STREET ADDRESS	13331 S.W. 2ND STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	S
NAME	COSTA, LUIS
STREET ADDRESS	50 NW 130 AVE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	T
NAME	DOMINGUEZ, DOMINGO
STREET ADDRESS	310 N.W. 119 AVE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80087-006 317.50

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] 01-19-05 (305) 634-6865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #