

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 5
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # K49324
 1. Entity Name
RADIANT OIL AND GAS COMPANY OF FLORIDA, INC.



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

DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-2127647** 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 NW 24 ST
MIAMI, FL 33142

DO NOT WRITE 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]* DATE: **01-19-05**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	COSTA, LUIS
STREET ADDRESS	2990 N W 24 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	DOMINGUEZ, DOMINGO
STREET ADDRESS	2990 N W 24 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	FLORES, ORESTES
STREET ADDRESS	2990 N W 24 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	FLORES, JUAN F
STREET ADDRESS	2990 N W 24 ST
CITY-ST-ZIP	MIAMI, FL 33142
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

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]* DATE: **01-19-05** (305) 634-6865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR