2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCÚMENT # K49324

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



FILED Jan 29, 2007 08:00 AM Secretary of State





01102007

No Chg-P

CR2E034 (11/05)

59-2127647

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, NADEL & FERRERO-CARR, LLP 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009

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	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registered	Agent signatur	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	·		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FLORES, ORESTES 2990 N W 24 ST MIAMI, FL 33142	•			U00000610466
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/02/07-80021-023 158.75
INTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied that 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 fustee 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 above security in all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

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