


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 110988 1. Entity Name RADIANT OIL COMPANY |  |
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|--|--|
| Principal Place of Business 2990 N W 24TH ST MIAMI, FL 33142 | Mailing Address 2990 N W 24TH ST MIAMI, FL 33142 |
|--|--|

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-0414360 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FLORES, ORESTES
2990 N W 24TH 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLORES, ORESTES 10485 NW 132 STREET HIALEAH GARDENS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FLORES, JUAN 13331 S.W. 2ND STREET MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COSTA, LUIS 50 NW 130 AVE MIAMI, FL 33182 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DOMINGUEZ, DOMINGO 310 N.W. 119 AVE MIAMI, FL 33182 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/07/06-80070-001 635.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-06 (305) 634-6805
Date Daytime Phone #