

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90272 050 \*\*\*150.00

**DOCUMENT # 683277**

1. Entity Name

RADIO COMMUNICATIONS, INC.



Principal Place of Business

740 ALTON ROAD  
MIAMI BEACH FL 33139  
US

Mailing Address

740 ALTON ROAD  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

*SAME AS ABOVE*

3. Mailing Address

*SAME AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2060780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, ANDREW  
740 ALTON ROAD  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Andrew Roth*

*ANDREW ROTH*

*4-21-04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PV  
NAME SHVARTSMAN, BORIS ☐ Delete  
STREET ADDRESS 740 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP  
NAME ROTH, ANDREW ☐ Delete  
STREET ADDRESS 740 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ST  
NAME AROCH, YEHUDA ☐ Delete  
STREET ADDRESS 740 ALTON RD  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE BM  
NAME ZILBERBURG, SEMYON ☐ Delete  
STREET ADDRESS 740 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE BM  
NAME PAPISMEDOV, ALEX ☐ Delete  
STREET ADDRESS 740 ALTON RD  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE BM  
NAME DUBLINSKI, LEON ☐ Delete  
STREET ADDRESS 740 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Boris Shvartsmen*

*Boris Shvartsmen*

*4-21-04*

*305 534 0694*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #