

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002620

**FILED**  
**May 21, 2011**  
**Secretary of State**

**Entity Name:** RADIX GROUP INTERNATIONAL, INC.

**Current Principal Place of Business:**

1210 SOUTH PINE ISLAND ROAD  
1ST FL. LEGAL DEPT  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

1210 SOUTH PINE ISLAND ROAD  
1ST FL. LEGAL DEPT  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 95-2119839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROHRMANN, GUENTER  
Address: 1210 SOUTH PINE ISLAND ROAD, 1ST FL. LEGAL  
City-St-Zip: PLANTATION, FL 33324

Title: VPC  
Name: FLATH, TASSO  
Address: 1210 SOUTH PINE ISLAND ROAD, 1ST FL. LEGAL  
City-St-Zip: PLANTATION, FL 33324

Title: S  
Name: OWUSU, VICTOR  
Address: 1210 SOUTH PINE ISLAND ROAD, 1ST FL. LEGAL  
City-St-Zip: PLANTATION, FL 33324

Title: T  
Name: WHITAKER, ROBERT  
Address: 1210 SOUTH PINE ISLAND ROAD, 1ST FL. LEGAL  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE MEYER

POA

05/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date