



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F61291 1. Entity Name RAD FASHIONS, INC.	
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Principal Place of Business 103 INGRAM CIRCLE LONGWOOD, FL 32779	Mailing Address 103 INGRAM CIRCLE LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE

	
03182004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-2188271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FARZAD, M. RAD 117 WAVERLY DRIVE FERN PARK, FL 32750	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000093185 03/22/04-80007-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD RAD, MORTEZA M 103 INGRAM CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAD, TAHEREH M. 103 INGRAM CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAD, FARZAD M 103 INGRAM CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **3/19/04** **(407) 869-7555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #