

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K49324

1. Entity Name
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**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2127647

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORES, ORESTES
2990 NW 24 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	D
NAME	COSTA, LUIS
STREET ADDRESS	2990 N W 24 ST
CITY- ST- ZIP	MIAMI, FL 33142
TITLE	D
NAME	DOMINGUEZ, DOMINGO
STREET ADDRESS	2990 N W 24 ST
CITY- ST- ZIP	MIAMI, FL 33142
TITLE	D
NAME	FLORES, ORESTES
STREET ADDRESS	2990 N W 24 ST
CITY- ST- ZIP	MIAMI, FL 33142
TITLE	D
NAME	FLORES, JUAN F
STREET ADDRESS	2990 N W 24 ST
CITY- ST- ZIP	MIAMI, FL 33142
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

Date

Daytime Phone #

01-24-06 (305) 634-6865