## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # K97877** 1. Entity Name RADAJO, INC. Mailing Address Principal Place of Business 11428 SW 109TH RD 11428 SW 109TH RD MIAMI, FL 33176 MIAMI, FL 33176 No Chg-P CR2E034 (11/05) 04162008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0135321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PASTERNACK, MARSHALL R PA 200 S BISCAYNE BLVD IN THIS SPACE **SUITE 2500** MIAMI, FL 33131 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) e, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FORMAN, LAWRENCE S NAME 11428 SW 109 RD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME FORMAN, SHEILA STREET ADDRESS 11428 SW 109 RD MIAMI, FL 33176 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 attachr

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #