

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M16480**

1. Entity Name  
**RADIO BEAM INTERNATIONAL, INC.**



Principal Place of Business  
**2200 NW 102 AVE STE #3  
MIAMI, FL 33172-2225**

Mailing Address  
**2200 NW 102 AVE STE #3  
MIAMI, FL 33172-2225**

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALVAREZ, MANUEL A. SR.  
13950 S.W. 16TH TERR.  
MIAMI, FL 33175**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) 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. ☐ **\$5.00 May Be  
Added to Fees**

000000127402  
04/23/04-80072-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ALVAREZ, MANUEL A. SR.  
STREET ADDRESS 13950 S.W. 16TH TERR.  
CITY-ST-ZIP MIAMI, FL

TITLE VD  
NAME ALVAREZ, BARBARA  
STREET ADDRESS 13950 S.W. 16TH TERR.  
CITY-ST-ZIP MIAMI, FL

TITLE STD  
NAME ALVAREZ, MANUEL A. JR.  
STREET ADDRESS 8525 S.W. 54TH CT.  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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.

**Manuel A. Alvarez Jr.**

**03/31/04 (305) 477-2326**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #