

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 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**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	

U00000342484
04/29/05-80057-006 150.00

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL A. ALVAREZ JR. 04/27/05 (305) 477-2326

Date

Daytime Phone #