


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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
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**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

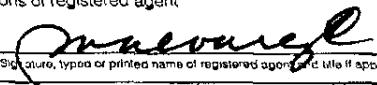
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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:  1/5/2007  
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALVAREZ, MANUEL A. SR. 13950 S.W. 16TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALVAREZ, BARBARA 13950 S.W. 16TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALVAREZ, MANUEL A. JR. 8525 S.W. 54TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000594128  
01/22/07-80060-013 150.00

**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

1-5-07 305777-2326  
Date Daytime Phone #