2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19

FILED
May 04, 2004 8:00 am
Secretary of State
04-19-2004 90284 029 ***150.00

DOCUMENT # P01000087775

1. Entity Name
RADECO AMERICA, INC.

66418566

Principal Place of Business	Mailing Address
2110 SW 3RD AVE, SUITE 6D MIAMI, FL 33129	2110 SW 3RD AVE, SUITE 6D MIAMI, FL 33129

01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0559787
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, RAUL I
2110 SW 3RD AVE, SUITE 6D
MIAMI, FL 33129

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MARTINEZ, RAUL I
STREET ADDRESS	2110 SW 3RD AVE, SUITE 6D
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	PD
NAME	MARTINEZ, RAUL A
STREET ADDRESS	2110 SW 3RD AVE, SUITE 6D
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VPD
NAME	SPAGNA, ALESSANDRO
STREET ADDRESS	2110 SW 3RD AVE, SUITE 6D
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: _____ 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #