

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90005 007 ***150.00

DOCUMENT # P02000026256

1. Entity Name
RADIX DISTRIBUTORS, INC.



Principal Place of Business

**7925 NW 12 STREET
407
MIAMI, FL 33126**

Mailing Address

**7925 NW 12 STREET
407
MIAMI, FL 33126**

50023544



2. Principal Place of Business
**7955 NW 12 STREET
Suite, Apt. #, etc.
400**

3. Mailing Address
**7955 NW 12 STREET
Suite, Apt. #, etc.
400**

07272006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
03-0406299

Applied For
Not Applicable

Zip Country
33126 USA

Zip Country
33126 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOS ANJOS, ALEXANDRE N
7925 NW 12 STREET
STE 407
MIAMI, FL 33726**

Name
DOS ANJOS, ALEXANDRE N

Street Address (P.O. Box Number is Not Acceptable)
7955 NW 12 STREET

SUITE 400

City
MIAMI

FL Zip Code
33126

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]

7/27/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
DOS ANJOS, ALEXANDRE N
7925 NW 12 STREET SUITE 407
MIAMI, FL 33126** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
DOS ANJOS, ALEXANDRE N
7955 NW 12 STREET SUITE 400
MIAMI, FLORIDA 33126** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

7/27/06

Date

Daytime Phone #