

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087432

Entity Name: RAD ARCHITECTURE, INC.

FILED  
Jan 21, 2008  
Secretary of State

**Current Principal Place of Business:**

2401 DOUGLAS ROAD  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

3551 CRYSTAL CT.  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 20-1237456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH WEISS ESQ  
3300 PONCE DEL LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AMUCHASTEGUI, RAFAEL  
Address: 3551 CRYSTAL CT.  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: AMUCHASTEGUI, DIKKA  
Address: 3551 CRYSTAL CT.  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIKKA AMUCHASTEGUI

D

01/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date