FILED
Apr 17, 2008 8:00 am
Secretary of State
03-24-2008 90068 004 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142309

1. Entity Name
RADIUS UNIT 712, INC

66006965

Principal Place of Business	Mailing Address
14025 NW 22 COURT PEMBROKE PINES, FL 33028	14025 NW 22 COURT PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box # 245 Down East LN	3. Mailing Address SAME
Suite, Apt #, etc. #A	Suite, Apt. #, etc.
City & State Lake Worth, FL	City & State
Zip 33467 Country	Zip Country

02162008 Chg-P CR2E034 (12/06)

4. FEI Number 20-1961662 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MATALLANA, ERASMO
14025 NW 22 COURT
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATALLANA, ERASMO 14025 NW 22 COURT PEMBROKE PINES, FL 33028	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATALLANA, ERASMO 245 Down East LN #A Lake Worth, FL 33467	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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] 4-5-08 561-966-8349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #