


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145526		
1. Entity Name RADISS ONE ELECTRONICS, CORP		

FILED
05 MAR -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 777 NW 72 AVE SHOWROOM #1068 MIAMI, FL 33126	Mailing Address 777 NW 72 AVE SHOWROOM #1068 MIAMI, FL 33126
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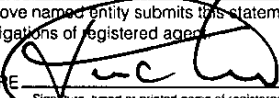
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Showroom 1068		Suite, Apt. #, etc. Showroom 1068	
City & State		City & State	
Zip	Country	Zip	Country

02282005 Chg-P CR2E034 (10/03) TK

4. FEI Number 20-1780461		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABAD, JONATHAN 13320 NW 69 CT #307 MIAMI, FL 33015		Name Jose A. Tacher	
		Street Address (P.O. Box Number is Not Acceptable)	
		777 NW 72 AVE Showroom #1068	
		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.

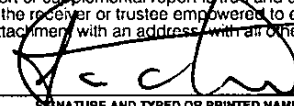
SIGNATURE  DATE Feb 28/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TACHER, JOSE A 10041 NW 32 TERR MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 NW 72 AVE Showroom #1068 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, JONATHAN 17370 NW 69 CT #307 MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500047933325 03/08/05--01029--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE Feb 28/05 (786) 398 9643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR