

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009046

Entity Name: RADIANTCOM, CORP.

FILED  
Jan 24, 2004  
Secretary of State

## Current Principal Place of Business:

8399 NW 66 STREET, SUITE 3  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

8399 NW 66 STREET, SUITE 3  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 30-0158379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ECHEVERRIA, ULYSSES  
11611 SOUTHWEST 184TH STREET  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

ECHEVERRIA, ULYSSES  
5198 SW 157 AVE  
MIRAMAR, FL 33027 US

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:

01/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ECHEVERRIA, ULYSSES  
Address: 8399 NW 66 STREET, SUITE 3  
City-St-Zip: MIAMI, FL 33166

Title: VD (X) Delete  
Name: ECHEVERRIA, EDUARDO  
Address: 8399 NW 66 STREET, SUITE 3  
City-St-Zip: MIAMI, FL 33166

Title: COO (X) Delete  
Name: ECHEVERRIA, PEDRO  
Address: 8399 NW 66 STREET, SUITE 3  
City-St-Zip: MIAMI, FL 33166

Title: CFO (X) Delete  
Name: VASILDA, CHARMAINE  
Address: 8399 NW 66 STREET, SUITE 3  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: ULYSSES ECHEVERRIA

PD

01/24/2004

Electronic Signature of Signing Officer or Director

Date