

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000066041

1. Entity Name
RADTECH, INC.

Principal Place of Business
8336 NW 30 TERRACE
MIAMI, FL 33122

Mailing Address
8336 NW 30 TERRACE
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0437572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, FERNANDO
14631 BALGOWAN RD #203
MIAMI, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 UUUUUU
UUUUUUUUUU

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KASSIN, MARCELA
STREET ADDRESS 9200 SW 105 ST
CITY-ST-ZIP MIAMI, FL 33176

TITLE T
NAME KASSIN, VIVIANNE
STREET ADDRESS 9200 S.W. 105 ST
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000079224
03/08/04-80057-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/04 205-499-9902