


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000065682</b>	
<b>1. Entity Name</b> RADZ CORP.	

<b>Principal Place of Business</b> 77 CRANDON BOULEVARD, UNIT 8C KEY BISCAVNE, FL 33149	<b>Mailing Address</b> 77 CRANDON BOULEVARD, UNIT 8C KEY BISCAVNE, FL 33149
---	---

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0686673	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PSD RADZVILLE, MARY I 77 CRANDON BOULEVARD, UNIT 8C KEY BISCAVNE, FL 33149
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VTD RADZVILLE, LAWRENCE W 77 CRANDON BOULEVARD, UNIT 8C KEY BISCAVNE, FL 33149
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

000001235094  
 02/18/05-80047-007 158.75

**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:** LAWRENCE W. RADZVILLE, Pres. 2/16/05 305.361.6507  
 MARY I. RADZVILLE, PSD. 2/16/05 305.361.6507