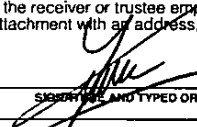


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90030 014 ***150.00

DOCUMENT # M29986 1. Entity Name CORDEX, CORP.					
Principal Place of Business 7220 NW 79TH TERR MIAMI, FL 33166				Mailing Address 7220 NW 79TH TERR MIAMI, FL 33166	
2. Principal Place of Business 17890 W. DIXIE HWY		3. Mailing Address 17890 W. DIXIE HWY			
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. 303			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33160		Country USA		4. FEI Number 59-2657579	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KOHAN, ISAAC A. 17890 W. DIXIE HWY. #303 NORTH MIAMI BEACH, FL 33160				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, 2005 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	PD KOHAN, ISAAC A 17890 W DIXIE HWY #303 N MIAMI BEACH, FL 33160 ☐ 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 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: 			ISAAC KOHAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/07/05 305-588-8826		
Date			Daytime Phone #		

40015537



02022005 Chg-P CR2E034 (10/03)