


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2006 8:00 am
Secretary of State

03-23-2006 90017 048 ***150.00

DOCUMENT # P05000131144			
1. Entity Name CORDO TRUST INC.			
Principal Place of Business 13601 SW 102NF TERR MIAMI, FL 33186		Mailing Address 13601 SW 102NF TERR MIAMI, FL 33186	
2. Principal Place of Business 470 South Park Road		3. Mailing Address	
Suite, Apt. #, etc. # 7-303		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL 33021		City & State	
Zip	Country	Zip	Country
4. EEI Number 56-2572299		Applied For 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	
MARIAN, SUSAN B 13601 SW 102NF TERR MIAMI, FL 33186		Name MARIAN, SUSAN B. Street Address (P.O. Box Number is Not Acceptable) 470 South Park Road # 7-303 City HOLLYWOOD FL Zip Code 33021	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
ORDONEZ, CECILIA		Pres/Sec	
13601 SW 102NF TERR		CECILIA ORDONEZ	
MIAMI, FL 33186		470 South Park Road # 7-303	
		Hollywood, FL 33021	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cecilia Ordonez</i>		3/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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