

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039513

FILED
Feb 09, 2006
Secretary of State

Entity Name: CDO TECHNOLOGICAL PARTNER, INC.

Current Principal Place of Business:

8425 NW 8 STREET
SUITE 407
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

8425 NW 8 STREET
SUITE 407
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-3575196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, MARIA ELENA
8425 NW 8 STREET
SUITE 407
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 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: DOMINGO ALONSO 02/09/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNOZ, GUSTAVO
Address: 8425 NW 8 STREET SUITE 407
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: MUNOZ, MARIA E
Address: 8425 NW 8 STREET SUITE 407
City-St-Zip: MIAMI, FL 33126

Title: TD () Delete
Name: MUNOZ, JOSE LUIS
Address: 8425 NW 8 STREET SUITE 407
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: MUNOZ, EDWIN A
Address: 8425 NW 8 STREET SUITE 407
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MUNOZ, JOSE LUIS
Address: 8425 NW 8 STREET SUITE 407
City-St-Zip: MIAMI, FL 33126

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

Title: M () Change (X) Addition
Name: CASTRO, JANETTE
Address: 8425 NW 8 STREET SUITE 407
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GUSTAVO MUNOZ PD 02/09/2006
Electronic Signature of Signing Officer or Director Date