

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039513

FILED  
May 01, 2008  
Secretary of State

Entity Name: CDO TECHNOLOGICAL PARTNER, INC.

**Current Principal Place of Business:**

6101 BLUE LAGOON DR, SUITE 150  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

6101 BLUE LAGOON DR, SUITE 150  
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:**

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

P

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date