

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039513

FILED
Apr 22, 2009
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

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

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date