


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 756392	
1. Entity Name CODEC INC.	

Principal Place of Business 1223 SW 4TH ST 3RD FL MIAMI, FL 33135 US	Mailing Address 1223 SW 4TH ST. 2ND FLOOR MIAMI, FL 33135
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01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2110238	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, GUARIONE M
 1223 S.W. 4TH ST.
 2ND FLOOR
 MIAMI, FL 33135

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000051104
 02/16/04-80038-020 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGUI, ROSA 1007 NW 155 LANE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MARIA 725 NW 57TH AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 355 COCOPLUM ROAD MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUARDIONE M 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAZOS, ANDRES 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, CRISTINA 1223 SW 4 STREET MIAMI, FL 33135

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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 617, 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: Guarione M Diaz **02-10-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #