## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756392** 

Entity Name: CODEC INC.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
1223 SW 4 <sup>-</sup> 3RD FL MIAMI, FL 3		S			1223 SW 4 2ND FLOOI MIAMI, FL	R	US		
Current Mailing Address:				New Mailing Address:					
1223 SW 4 <sup>-</sup> 2ND FLOOI MIAMI, FL	R				1223 SW 4 2ND FLOOI MIAMI, FL	R	US		
FEI Number:	59-2110238	FEI Numbe	er Applied For()	FEI Nun	nber Not Appli	cable ( )	Certi	ficate of S	status Desired (X)
Name and	Address of	f Current Reg	jistered Agent:		Name and	Address	of New R	egistere	ed Agent:
DIAZ, GUAF 1223 S.W. 4 2ND FLOOF MIAMI, FL 3	4TH ST. R				DIAZ, GUAI 1223 SW 4 2ND FLOOI MIAMI, FL	ST R			
The above r in the State		ty submits this	statement for the pu	rpose o	f changing its	s register	ed office o	r registe	red agent, or both,
SIGNATURE:								03/17/2	2009
	Electr	onic Signatur	e of Registered Ager	nt				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D SEGUI, ROS 1007 NW 15 MIAMI, FL 3	5 LANE			Title: Name: Address: City-St-Zip:		( ) Chang	je () Addi	ition
Title: Name: Address: City-St-Zip:	D MARTIN, MA 725 NW 57T MIAMI, FL 3	H AVE			Title: Name: Address: City-St-Zip:		( ) Chang	ge ( ) Addi	ition
Title: Name: Address: City-St-Zip:	PUENTE, AS	5TH AVENUE, S	JITE #406		Title: Name: Address: City-St-Zip:		( ) Chang	ge ( ) Addi	ition
Title: Name: Address: City-St-Zip:	PD DIAZ, GUAR 1223 SW 43 MIAMI, FL 3	ST T			Title: Name: Address: City-St-Zip:	PD DIAZ, GUA 1223 SW ( MIAMI, FL	ARIONE M 4 ST	ge ( ) Add	ition
Title: Name: Address: City-St-Zip:	VD PAZOS, AND 1223 SW 4 S MIAMI, FL 3	ST .			Title: Name: Address: City-St-Zip:		()Chang	ge ( ) Addi	ition
Title: Name: Address: City-St-Zip:	SD SANTANA, C 1223 SW 4 S MIAMI, FL 3	STREET			Title: Name: Address: City-St-Zip:	SD SANTANA, 1223 SW MIAMI, FL	CRISTINA 4 ST	ge ( ) Add	ition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA SANTANA S/D 03/17/2009