


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F00000001642</b> 1. Entity Name CODA SYSTEMFORMS(USA), INC.	
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Principal Place of Business 18540 OCEAN MIST DR BOCA RATON, FL 33498	Mailing Address 18540 OCEAN MIST DR BOCA RATON, FL 33498
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04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1904562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEE, MELISSA 18540 OCEAN MIST DR BOCA RATON, FL 33498
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**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JOHN C 18540 OCEAN MIST DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, NEIL R 52-54 BEULAH RD WALTHAMSTOW LONDON, E179LQ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, MELISSA S 18540 OCEAN MIST DR BOCA RATON, FL 33498
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**DO NOT WRITE IN THIS SPACE**

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05/01/07-80149-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Melissa Lee 4-17-07 483-2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Melissa Lee,