

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003628

FILED
Apr 29, 2005
Secretary of State

Entity Name: CARDINAL DEVELOPMENT CORPORATION NY

Current Principal Place of Business:

C/O ALBERT P. VEGA, CPA
2121 PONCE DE LEON BLVD., SUITE 721
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

306 ALCAZAR AVENUE
SUITE 302
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 13-3337532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VEGA, ALBERT P CPA
2121 PONCE DE LEON BLVD., #721
CORAL GABLES, FL 33134 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: PC () Delete
Name: ARDITI, MAURICE
Address: 1 GROVE ISLE DR. #PH10
City-St-Zip: COCONUT GROVE, FL 33133

Title: VCV () Delete
Name: ARDITI, IRENE
Address: 1 GROVE ISLE DR. #PH10
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: IRENE ARDITI

VCVP

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date