

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90024 005 ***150.00

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1. Entity Name
CORDIA CORPORATION



Principal Place of Business
**PO BOX 1763
WHITE PLAINS, NY 10602**

Mailing Address
**PO BOX 1763
WHITE PLAINS, NY 10602**

54004846



2. Principal Place of Business
2500 Silverstar Road

3. Mailing Address
445 Hamilton Avenue

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 408

02022004 Chg-P CR2E034 (10/03)

City & State
Orlando, Florida

City & State
White Plains, New York

4. FEI Number
11-2917728

Applied For
☐ Not Applicable

Zip
32804

Country
USA

Zip
10601

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, PATRICK
124 OLYMPUS DRIVE
OCOE, FL 34761**

7. Name and Address of New Registered Agent

Name **Patrick Freeman**

Street Address (P.O. Box Number is Not Acceptable)
2500 Silverstar Road, Suite 500

City **Orlando**

FL

Zip Code
32804

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 **PATRICK FREEMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FREEMAN, PATRICK**
STREET ADDRESS **124 OLYMPOS DR**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE **D** ☐ Delete
NAME **SCAGNELLI, JOHN**
STREET ADDRESS **4 BELLE HAVEN CT**
CITY-ST-ZIP **WEST NYACK, NY**

TITLE **DS** ☐ Delete
NAME **MINELLA, WESLY**
STREET ADDRESS **34 CIRCUIT ROAD**
CITY-ST-ZIP **NEW ROCHELLE, NY 10801**

TITLE **T** ☐ Delete
NAME **GUERRERA, LORIE**
STREET ADDRESS **26 SAMANTHA DRIVE**
CITY-ST-ZIP **CORAM, NY 11727**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **129 Christian Hill Road**
CITY-ST-ZIP **Millford, Pennsylvania 18337**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: **Lorie M Guerra**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORIE GUERRERA

2/10/04 **9149485550**
Date Daytime Phone #