2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90078 029 ***150.00

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1. Entity Name
CORDIA CORPORATION

Principal Place of Business	Mailing Address
445 HAMILTON AVE STE 900 WHITE PLAINS, NY 10601	3100 CUMBERLAND BLVD STE 900 ATLANTA, GA 30339

04172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. **SUITE 408**	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
11-2917728
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREEMAN, PATRICK 13275 W. COLONIAL DR. WINTER GARDEN, FL 34787	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FREEMAN, PATRICK 13275 W. COLONIAL DR WINTER GARDEN, FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**P,D** **KEVIN GRIFFO** **445 HAMILTON AVENUE, SUITE 408** **WHITE PLAINS, NY 10601**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCAGNELLI, JOHN 445 HAMILTON AVENUE, SUITE 408 WHITE PLIANS, NY 10601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MINELLA, WESLY 445 HAMILTON AVENUE, SUITE 408 WHITE PLAINS, NY 10601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCAO GUERRERA, LORIE 445 HAMILTON AVENUE SUITE 408 WHITE PLAINS, NY 10601	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**T,CFO** **GANDOLFO VERRA** **445 HAMILTON AVENUE, SUITE 408** **WHITE PLAINS, NY 10601**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAJERNIK, ROBERT 445 HAMILTON AVE STE 408 WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAKADA, YOSHIYASU 445 HAMILTON AVE SUITE 408 WHITE PLAINS, NY 10601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D,COB** **JOEL DUPRE** **445 HAMILTON AVENUE, SUITE 408** **WHITE PLAINS, NY 10601**	☐ Change ☑ Addition

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: _____ 4-23-08 9149485550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #