

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003328

Entity Name: CORDIAIP CORP.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

445 HAMILTON AVE.  
STE. 408  
WHITE PLAINS, NY 10601

## Current Mailing Address:

445 HAMILTON AVE.  
STE. 408  
WHITE PLAINS, NY 10601

## New Principal Place of Business:

445 HAMILTON AVE.  
STE. 601  
WHITE PLAINS, NY 10601

## New Mailing Address:

445 HAMILTON AVE.  
STE. 601  
WHITE PLAINS, NY 10601

FEI Number: 20-1081776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN, PATRICK  
13275 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787 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: PD ( ) Delete  
Name: DUPRE, JOEL  
Address: 445 HAMILTON AVENUE, STE. 408  
City-St-Zip: WHITE PLAINS, NY 10601

Title: T ( ) Delete  
Name: GANDOLFO, VERRA  
Address: 445 HAMILTON AVENUE, STE. 408  
City-St-Zip: WHITE PLAINS, NY 10601

Title: SD ( ) Delete  
Name: MINELLA, WESLY  
Address: 445 HAMILTON AVENUE SUITE 408  
City-St-Zip: WHITE PLAINS, NY 10601

Title: D ( ) Delete  
Name: GRIFFO, KEVIN  
Address: 445 HAMILTON AVENUE, SUITE 408  
City-St-Zip: WHITE PLAINS, NY 10601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: /WESLY MINELLA/

SD

01/05/2009

Electronic Signature of Signing Officer or Director

Date