

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000003328

FILED
Apr 23, 2009
Secretary of State**Entity Name:** CORDIAIP CORP.**Current Principal Place of Business:**445 HAMILTON AVE.
STE. 601
WHITE PLAINS, NY 10601**New Principal Place of Business:****Current Mailing Address:**445 HAMILTON AVE.
STE. 601
WHITE PLAINS, NY 10601**New Mailing Address:****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**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: PD (X) Change () Addition
Name: MINELLA, AL
Address: 445 HAMILTON AVENUE, STE. 601
City-St-Zip: WHITE PLAINS, NY 10601

Title: T (X) Change () Addition
Name: GANDOLFO, VERRA
Address: 445 HAMILTON AVENUE, STE. 601
City-St-Zip: WHITE PLAINS, NY 10601

Title: SD (X) Change () Addition
Name: MINELLA, WESLY
Address: 445 HAMILTON AVENUE SUITE 601
City-St-Zip: WHITE PLAINS, NY 10601

Title: D (X) Change () Addition
Name: GRIFFO, KEVIN
Address: 445 HAMILTON AVENUE, SUITE 601
City-St-Zip: WHITE PLAINS, NY 10601

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

04/23/2009

Electronic Signature of Signing Officer or Director_____
Date