2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 14, 2008 08:00 Al Secretary of State

DOCUMENT # H50869 1. Entity Name CORDEN L CORPORATION					Secretary of Sta				
4305 N.E. 1	te of Business 1TH AVENUE EACH, FL 33064	Mailing Address 4305 N.E. 11TH AVENUE POMPANO BEACH, FL 33064		.,					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262008	Chg-P	CR2E034 (12	/06)	
City & State		City & State		4. FEI Number 59-2520				Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	t Registered Agent			7. Name and A	Address of New	Registered Agent		
MCNANEY, DENNIS J. 4305 N.E. 11TH AVENUE POMPANO BEACH, FL 33064				Name Street Address (P O Box Number is Not Acceptable)					
				City		**	FL Zip	Code	
	named entity submits this statement flions of registered agent.	or the purpose of changing its	s registere	ed office or register	red agent, or both	n, in the State of F	lorida. I am familiar	with, a	nd accept
SIGNATURE	Signature, lyped or printed name of registered agen	t and little if applicable (NO)	III. Registere	d Agent signature required	o when teinstaling)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OF	FICERS AND DIREC	TORS	IN 11
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12. Liverehy o	errity that the information supplied with	h this filma does not quality fr	or the exe	mntions contained	Lin Chanter 119	Florida Statutes	I further certify that	the info	ormation

12. Thereby certify that the information supplied with this filling 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 although the expowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFF PER OR DIRECTOR

3/26/08 954-786-200