


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90077 027 \*\*\*150.00

**DOCUMENT # K99438**  
 1. Entity Name  
**CODINA DEERING, INC.**



Principal Place of Business      Mailing Address  
**355 ALHAMBRA CIRCLE**      **355 ALHAMBRA CIRCLE**  
**SUITE 900**      **SUITE 900**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**24020714**



03102004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2988886**      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**

**BEFELER, HENRY**  
**355 ALHAMBRA CIRCLE**  
**SUITE 900**  
**CORAL GABLES, FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CODINA, ARMANDO 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOLLEEN O.P. COBB 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODON, RAFAEL 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPS BEFELER, HENRY 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Codina Deering, Inc.*      *Henry Befeler VP*      3/17/04      305-520-2317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #