


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L15978 1. Entity Name E. G. CODY II, INC.	
---	---

Principal Place of Business 6890 NE 4TH COURT MIAMI, FL 33138	Mailing Address 6890 NE 4TH COURT MIAMI, FL 33138
---	---

DO NOT WRITE IN THIS SPACE



06172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0139811	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

CODY, JERRY
80 NE 40 STREET
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>8/16/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
--	--

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CODY, JERRY 80 NE 40 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, EDUARDO 80 NE 40 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000170471
08/20/04-80002-003 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>8/16/04</u>	Daytime Phone # <u>305-757-1171</u>
---	---------------------	-------------------------------------