


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90023 044 ****70.00

DOCUMENT # N99000006308

1. Entity Name
CODEL, INC.



Principal Place of Business
 1223 SW 4TH ST.
 MIAMI, FL 33130-2038

Mailing Address
 1223 SW 4TH ST.
 MIAMI, FL 33130-2038

24005857



2. Principal Place of Business		3. Mailing Address		01152004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1046219		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DIAZ, GUARIONE M 1223 SW 4TH ST. MIAMI, FL 33130-2038				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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M			NAME			
STREET ADDRESS	1223 SW 4TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 331352407			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, WILFREDO O			NAME			
STREET ADDRESS	2250 SW 3RD AVE SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33129			CITY-ST-ZIP			
TITLE	EVPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAZOS, ANDRES			NAME			
STREET ADDRESS	1223 SW 4TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 331352407			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWITZER, RAQUEL C			NAME	SWITZER, RAQUEL C		
STREET ADDRESS	1390 SOUTH DIXIE HWY, STE 1108			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 331462944			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTANA, CHRISTINA			NAME			
STREET ADDRESS	1223 SW 4TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALAN, JUAN A JR.			NAME			
STREET ADDRESS	355 COCOPLUM RD.			STREET ADDRESS			
CITY-ST-ZIP	CORAL GALBES, FL 33143			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 617, 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: *Guarione M. Diaz* **GUARIONE M. DIAZ**
 PRESIDENT

Date: *1/15/2004* (305) 412 3484 x103
 Daytime Phone #