


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90018 020 ****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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40018831



01262005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1046219 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIAZ, GUARIONE M
 1223 SW 4TH ST.
 MIAMI, FL 33130-2038

7. Name and Address of New Registered Agent
 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)

Filing Fee is \$61.25 Due by May 1, 2005

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 RTD	<input type="checkbox"/> Delete	TITLE President	<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 VPD	<input type="checkbox"/> Delete	TITLE Exec. Vice-President	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWITZER, RAQUEL C		NAME	
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 GABLES, 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 **1305142-244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3103