


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90002 049 \*\*\*\*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**

**50023352**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



07102006 Chg-NP CR2E037 (4/06)

**6. Name and Address of Current Registered Agent**

**DIAZ, GUARIONE M  
 1223 SW 4TH ST.  
 MIAMI, FL 33130-2038**

4. FEI Number  
**65-1046219**

Applied For  
 Not Applicable

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

**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 *Guarione M Diaz* *GUARIONE M. DIAZ* *7/18/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
 Due by September 6, 2006

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DIAZ, GUARIONE M</b> <b>1223 SW 4TH ST.</b> <b>MIAMI, FL 331352407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN, WILFREDO O</b> <b>2250 SW 3RD AVE SUITE 201</b> <b>MIAMI, FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAZOS, ANDRES</b> <b>1223 SW 4TH ST.</b> <b>MIAMI, FL 331352407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SWITZER, RAQUEL C</b> <b>1390 SOUTH DIXIE HWY, STE 1108</b> <b>CORAL GABLES, FL 331462944</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SANTANA, CHRISTINA</b> <b>1223 SW 4TH ST.</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALAN, JUAN A JR.</b> <b>355 COCOPLUM RD.</b> <b>CORAL GABLES, FL 33143</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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* *07/17/06* *(305)6423184*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x IDI