

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

**65-1046219**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **DIAZ, GUARIONE M**  
STREET ADDRESS **1223 SW 4TH ST.**  
CITY-ST-ZIP **MIAMI, FL 331352407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ALLEN, WILFREDO O**  
STREET ADDRESS **2250 SW 3RD AVE SUITE 201**  
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **PAZOS, ANDRES**  
STREET ADDRESS **1223 SW 4TH ST.**  
CITY-ST-ZIP **MIAMI, FL 331352407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SWITZER, RAQUEL C**  
STREET ADDRESS **1390 SOUTH DIXIE HWY, STE 1108**  
CITY-ST-ZIP **CORAL GABLES, FL 331462944**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SANTANA, CHRISTINA**  
STREET ADDRESS **1223 SW 4TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GALAN, JUAN A JR.**  
STREET ADDRESS **355 COCOPLUM RD.**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**07/17/06 (305) 6423184**

x 101