


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90343 019 ***158.75

DOCUMENT # P00000015760 1. Entity Name CODELERO SOFTWARE, INC.					
Principal Place of Business 4621 SOUTHWEST 104TH COURT MIAMI, FL 33165			Mailing Address 13876 SW 56TH STREET MIAMI, FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4621 SW 104 CT Suite, Apt. #, etc.			
City & State		City & State Miami, FL		4. FEI Number 65-1054282	
Zip 33165		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 CT, EBB BY 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Orlando Llanes Street Address (P.O. Box Number is Not Acceptable) 4621 SW 104 CT City Miami FL Zip Code 33165	
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: <u>Orlando Llanes</u> DATE: <u>4/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LLANES, ORLANDO 4621 SOUTHWEST 104TH COURT MIAMI, FL 33165 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>Orlando Llanes</u> Orlando Llanes			4/26/04 (305) 229-8873		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

