

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90019 034 ***158.75

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1. Entity Name

CODINEM CONSULTING COMPANY



Principal Place of Business

**4707 ENTERPRISE AVE, UNIT 5
VANDERBILT BEACH, FL 34107-7064**

Mailing Address

**4707 ENTERPRISE AVE, UNIT 5
VANDERBILT BEACH, FL 34107-7064**

2. Principal Place of Business

**4707 ENTERPRISE AVE.
Suite, Apt. #, etc.
UNIT 5**

3. Mailing Address

**4707 ENTERPRISE AVE
Suite, Apt. #, etc.
UNIT 5**



01132004

Chg-P

CR2E034 (10/03)

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number

65-0999911

Applied For

Not Applicable

Zip

34104-7064

Country

Zip

34104-7064

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARIAS, RICARDO
4707 ENTERPRISE AVE, UNIT 5
NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name

ARIAS, RICARDO

Street Address (P.O. Box Number is Not Acceptable)

4707 ENTERPRISE AVE, UNIT 5

City

NAPLES

FL

Zip Code

34107

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDTS ☐ Delete
NAME ARIAS, RICARDO
STREET ADDRESS 4707 ENTERPRISE AVE, UNIT 5
CITY-ST-ZIP NAPLES, FL 341047064

TITLE D ☐ Delete
NAME PEREZ, LAZARO M
STREET ADDRESS 4707 ENTERPRISE AVE, UNIT 5
CITY-ST-ZIP NAPLES, FL 341047064

TITLE D ☐ Delete
NAME ARIAS, HERMAN
STREET ADDRESS 4707 ENTERPRISE AVE, UNIT 5
CITY-ST-ZIP NAPLES, FL 341047064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDTS ☒ Change ☐ Addition
NAME ARIAS, RICARDO
STREET ADDRESS 4707 ENTERPRISE AVE, UNIT 5
CITY-ST-ZIP NAPLES, FL. 34104-7064

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 4707 ENTERPRISE AVE, UNIT 5
CITY-ST-ZIP NAPLES, FL. 34104-7064

TITLE D ☒ Change ☐ Addition
NAME ARIAS, HERNAN
STREET ADDRESS 4707 ENTERPRISE AVE, UNIT 5
CITY-ST-ZIP NAPLES, FL. 34104-7064

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-04

Date

Daytime Phone #