2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036823

Entity Name: CODINEM CONSULTING COMPANY

FILED Jul 12, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	ERPRISE AVE			
UNIT 5 NAPLES,	FL 341047064			
Current I	Mailing Addres	ss:	New Mailing Address	s:
4704 ENT UNIT 5	ERPRISE AVE			
	FL 341047064			
FEI Numbe	r: 65-0999911	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name an	d Address of C	Current Registered Agent:	Name and Address o	of New Registered Agent:
UNIT 5	ICARDO ERPRISE AVE FL 34107 US			
in the Sta	te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
	te of Florida. JRE:			
in the Sta SIGNATU In accordai	te of Florida. JRE: Electror nce with s. 607.19	nic Signature of Registered Ag 3(2)(b), F.S., the corporation did n	ent	d office or registered agent, or both, Date
in the Sta SIGNATU In accorda Election Ca	te of Florida. JRE: Electror nce with s. 607.19	nic Signature of Registered Ag 3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ent ot receive the prior notice.	
in the Sta SIGNATU In accorda Election Ca	te of Florida. JRE: Electror nce with s. 607.19 ampaign Financing RS AND DIREC PDTS () ARIAS, RICARI 4704 ENTERPE	nic Signature of Registered Ag 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS: Delete DO RISE AVE UNIT 5	ent ot receive the prior notice.	Date
in the State SIGNATU In accordant Election Ca OFFICER Title: Name: Address:	te of Florida. JRE: Electror nce with s. 607.19 ampaign Financing S AND DIREC PDTS ARIAS, RICARE 4704 ENTERPE NAPLES, FL 3 D PEREZ, LAZAR	nic Signature of Registered Ag 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS: Delete DO RISE AVE UNIT 5 41047064 Delete RISE AVE UNIT 5	ent ot receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO ARIAS PDTS 07/12/2006