

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000081558

1. Entity Name
CEDCO CONSULTANTS CORP.



Principal Place of Business
2330 PONCE DE LEON
SUITE 203
CORAL GABLES, FL 33134

Mailing Address
2330 PONCE DE LEON
SUITE 203
CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1092576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOTHARIUS, RICHARD
7700 N KENDALL DRIVE
SUITE 304
MIAMI, FL 33156

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IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CORTES, XIOMARA
5815 SW 32 STREET
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CEDENO, GUILLERMO
5815 SW 32 STREET
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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04/29/05-80141-013 150.00

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 persons so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/05

Date

Daytime Phone #