

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90028 041 \*\*\*150.00

**DOCUMENT # P00000096578**

1. Entity Name  
CODINA CYBERPORT, INC.



Principal Place of Business  
355 ALHAMBRA CIRCLE  
STE 900  
CORAL GABLES, FL 33134

Mailing Address  
355 ALHAMBRA CIRCLE  
STE 900  
CORAL GABLES, FL 33134

**94036110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-1047660**

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

COBB, KOLLEEN O.P. ESQ  
355 ALHAMBRA CIRCLE  
STE 900  
CORAL GABLES, FL 33134

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CODINA, ARMANDO  
STREET ADDRESS 355 ALHAMBRA CIRCLE STE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE VST ☐ Delete  
NAME BELETER, HENRY  
STREET ADDRESS 355 ALHAMBRA CIRCLE STE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE VAS ☐ Delete  
NAME COBB, KOLLEEN  
STREET ADDRESS 355 ALHAMBRA CIRCLE STE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE V ☒ Delete  
NAME GIBSON, O F  
STREET ADDRESS 355 ALHAMBRA CIRCLE STE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE V ☐ Delete  
NAME RODON, RAFAEL  
STREET ADDRESS 355 ALHAMBRA CIRCLE STE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE V ☐ Delete  
NAME SAN MIGUEL, JORGE  
STREET ADDRESS 355 ALHAMBRA CIRCLE STE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

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: *Codina Cyberport, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

Date

305 520 2300

Daytime Phone #