

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90007 019 \*\*\*150.00

**DOCUMENT # P01000028850**

1. Entity Name  
**CDE TECHNOLOGIES COMPANY**



Principal Place of Business  
**7150 ST GEORGE RD**  
**MERRITT ISLAND, FL 32952**

Mailing Address  
**1150 ST GEORGE RD**  
**MERRITT ISLAND, FL 32952**

**54056182**

2. Principal Place of Business  
**7001 N ATLANTIC AVENUE**

3. Mailing Address  
**7001 N ATLANTIC AVENUE**

Suite, Apt. #, etc.  
**SUITE 201**

Suite, Apt. #, etc.  
**SUITE 201**

03042004 Chg-P CR2E034 (10/03)

City & State  
**CAPE CANAVERAL, FL**

City & State  
**CAPE CANAVERAL, FL**

4. FEI Number  
**59-3702403**

Applied For  
 Not Applicable

Zip  
**32920**

Country  
**USA**

Zip  
**32920**

Country  
**USA**

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

**MIZED, LUTFI M PE**  
**1150 ST GEORGE RD**  
**MERRITT ISLAND, FL 32952**

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)

**5/21/2004**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	D RENGARAJAN, KANNAN 219 CHERRIE DOWN LANE CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANNAN, RAMA 219 CHERRIE DOWN LANE CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZED, LUTFI M 1150 ST. GEORGE RD. MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, HERBERT M 415 AMHERST CIR., EAST SATELLITE BCH, FL 32937 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, MAXINE S 415 AMHERST CIR., EAST SATELLITE BCH, FL 32937 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZED, PEGGY G 1150 ST GEORGE RD MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, SECRETARY RENGARAJAN, KANNAN 210 CHERIE DOWN LANE CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER MIZED, LUTFI M. 1150 ST. GEORGE ROAD MERRITT ISLAND, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**LUTFI M. MIZED, PRESIDENT**

**4-15-2004**

**321-799-2970**

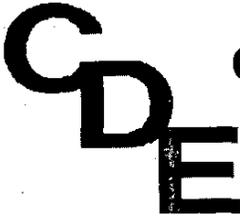
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

PO1000028850



**CDE Technologies Company**

7001 North Atlantic Avenue, Suite 201  
Cape Canaveral, FL 32920  
Phone 321-799-2970 ♦ Fax 321-799-0375

57056182

May 28, 2003  
CDET-04-002

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed, please find a check in the amount of \$150.00 representing the Annual Corporation Fee; as well as our completed 2004 For Profit Corporation Annual Report with the changes noted. This was not submitted to you by the May 1, 2004, deadline since we did not receive the notice to file..

Should you require additional information with regard to this filing, please feel free to contact me directly.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lutfi M. Mized', written over a large, stylized flourish.

Lutfi M. Mized, P.E.  
President / Treasurer

LMM/ws

Enclosures: 2004 For Profit Corporation Annual Report  
\$150.00 Fee (check)