

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-01-2004 90007 019 ***150.00

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|---|--|---|---|--|--|
| 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 | | |
| 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 | | | |
| City & State CAPE CANAVERAL, FL | | City & State CAPE CANAVERAL, FL | | 4. FEI Number 59-3702403 | |
| Zip 32920 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MIZED, LUTFI M PE 1150 ST GEORGE RD MERRITT ISLAND, FL 32952 | | | | 7. Name and Address of New Registered Agent 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: 5/21/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete RENGARAJAN, KANNAN 219 CHERRIE DOWN LANE CAPE CANAVERAL, FL 32920 | | 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 | D <input checked="" type="checkbox"/> Delete KANNAN, RAMA 219 CHERRIE DOWN LANE CAPE CANAVERAL, FL 32920 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete MIZED, LUTFI M 1150 ST. GEORGE RD. MERRITT ISLAND, FL 32952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete WASSERMAN, HERBERT M 415 AMHERST CIR., EAST SATELLITE BCH, FL 32937 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete WASSERMAN, MAXINE S 415 AMHERST CIR., EAST SATELLITE BCH, FL 32937 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MIZED, PEGGY G 1150 ST GEORGE RD MERRITT ISLAND, FL 32952 | | 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 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-15-2004 321-799-2970 <small>Date Daytime Phone #</small> | | |

Attachment

PO1000028850



CDE Technologies Company

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

574056182

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 horizontal line.

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

LMM/ws

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