# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P01000029003

1. Entity Name
CARDONIC CORP.

Principal Place of Business
12905 W. OKEECHOBEE ROAD, UNIT 5
HIALEAH GARDENS, FL 33018

Mailing Address
12905 W. OKEECHOBEE ROAD, UNIT 5
HIALEAH GARDENS, FL 33018

03212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-1091474
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, FRANK S
834 VERONA LAKE DRIVE
WESTON, FL 33326

**DO NOT WRITE 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 FRANK RUSSO 03/21/06
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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000479771
04/10/06-80017-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSD |
| NAME | RUSSO, FRANK SARTI |
| STREET ADDRESS | 834 VERONA LAKE DR. |
| CITY-ST-ZIP | WESTON, FL 33326 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 affidavit, with all other like empowered.

**SIGNATURE:** 03/21/06 (305)558-5412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #