2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Sep 23, 2004 8:00 am Secretary of State 8/23 DOCUMENT # P01000030663 8/23 1. Entity Name 08-23-2004 90146 001 \*\*\*\*\*8.75 CORDON CORPORATION. 08-23-2004 90146 002 \*\*\*\*\*5.00 09-23-2004 90002 002 \*\*\*136.25 Principal Place of Business Mailing Address 6868 NE 2ND AVENUE 720 N 72 WAY HOLLYWOOD FL 33024 MIAMI FL 33138 720 N. 72Wa Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-1084730 Not Applicable Ziα Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, MARITZA Street Address (P.O. Box Number is Not Acceptable) 720 N 72 WAY **HOLLYWOOD FL 33138** 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 explicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PR-4-51 JOSAF TITLE Delete Change Addition ALVAREZ, MARITZA NAME NAME STREET ADDRESS 720 N 72 WAY STREET ADDRESS CLTY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CBY-ST- AP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ICILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete\_ .mie Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE: NG OFFICER OR DERECTOR

**FILED**