


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90230 009 \*\*\*150.00

DOCUMENT # P01000109064			
1. Entity Name CODECA (U.S.A.), INC.			
Principal Place of Business 5545 LEEWARD LANE NEW PORT RICHEY, FL 34652		Mailing Address 5545 LEEWARD LANE NEW PORT RICHEY, FL 34652	
2. Principal Place of Business 5298 MOSQUERO RD.		3. Mailing Address 5298 MOSQUERO RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL FLORIDA		City & State SPRING HILL FLORIDA	
Zip 34606	Country US	Zip 34606	Country US
6. Name and Address of Current Registered Agent WEYLIE, WALLACE J 350 GULF BLVD. INDIAN ROCKS BEACH, FL 33785		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME HOBECK, SHEILA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HOBECK, SHEILA
STREET ADDRESS 3853 FLORAMAR TERR.	CITY-ST-ZIP NEW PORT RICHEY, FL 34652	STREET ADDRESS 5298 MOSQUERO RD.	CITY-ST-ZIP SPRING HILL, FL 34606
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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 address, with all other like empowered.			
SIGNATURE: <u>Sheila Hobek</u>		Date: <u>April 23, 2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>727-846-0463</u> <u>352-683-0670</u>	

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04132006 Chg-P CR2E034 (11/05)

4. FEI Number 26-0005288 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required