

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90235 012 ***158.75

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1. Entity Name

CODICE AMERICA S.A. CORP.



Principal Place of Business

2600 DOUGLAS ROAD
406
CORAL GABLES, FL 33134

Mailing Address

2600 DOUGLAS ROAD
406
CORAL GABLES, FL 33134



01062004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0037120

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CARLOS E SR.
2600 DOUGLAS ROAD
406
CORAL GABLES, FL 33134

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
GONZALEZ, CARLOS E SR.
2600 DOUGLAS ROAD, SUITE 406
CORAL GABLES, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV
FERNANDEZ, SERGIO L
801 BRICKELL AVENUE, SUITE 1901
MIAMI, FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS
BARRENA, MARIA E
2600 DOUGLAS ROAD, SUITE 406
CORAL GABLES, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

4/22/04 (305)
461-9941