

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091613

FILED
Feb 10, 2004
Secretary of State

Entity Name: CODE MANAGEMENT, INC.

Current Principal Place of Business:

3841 NE 2ND AVE
SUITE 203
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3841 NE 2ND AVE
SUITE 203
MIAMI, FL 33137

New Mailing Address:

FEI Number: 14-1845142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELL, ANTHONY
3255 N E 184TH ST
APT 12216
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGELL, ANTHONY
Address: 3255 N E 184TH ST
City-St-Zip: AVENTURA, FL 33139

Title: VD () Delete
Name: ANGELL, BETHANI
Address: 3255 N E 184TH ST
City-St-Zip: AVENTURA, FL 33160

Title: SD () Delete
Name: KELLY, SIDNEY
Address: 1300 COLLINS APT 200
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ANGELL

PD

02/10/2004

Electronic Signature of Signing Officer or Director

Date