## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000000265

Entity Name: CORD PARTNERS, INC

Title:

Name:

Address:

City-St-Zip:

FILED Jan 12, 2004 Secretary of State

Entity Nar	me: CORDI	PARTNERS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
300 SOUTH HYDE PARK AVE. SUITE 220 TAMPA, FL 33606				10940 WILSHIRE BOULEVARD 6TH FLOOR LOS ANGELESD, CA 90024			
Current Mailing Address:				New Mailing Address:			
300 SOUTH HYDE PARK AVE. SUITE 220 TAMPA, FL 33606				10940 WILSHIRE BOULEVARD 6TH FLOOR LOS ANGELES, CA 90024 US			
FEI Number:	65-1167067	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of	Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
300 S. HYI SUITE 220 TAMPA, FI	L 33606 US	E					
	named entity e of Florida.	submits this statement for th	ne purpose o	f changing i	ts registere	d office or registe	ered agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financi	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SCHISSLER, 124 S. CARS			Title: Name: Address: City-St-Zip:		() Change () Add	dition
Title: Name: Address: City-St-Zip:	FLINN, STEP 124 S. CARS			Title: Name: Address: City-St-Zip:	124 S. CAR	(X) Change ( ) Ad R, STEPHANIE A SON ROAD HILLS, CA 90211	dition
Title: Name: Address: City-St-Zip:	WEAVER, GF	PARK AVE., SUITE 220		Title: Name: Address: City-St-Zip:		(X) Change ( ) Ad CK, LAURA SHIRE BOULEVARD LES, CA 90024	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW L. SCHISSLER CEO 01/12/2004

(X) Delete

FITZPATRICK, LAURA

1790 GREEN STREET

SAN FRANCISCO, CA 94123

() Change () Addition