

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013442

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: CODINA RVB PBPOC, INC.

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE, STE. 900  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

355 ALHAMBRA CIRCLE, STE. 900  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 13-4241276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBB, KOLLEEN  
355 ALHAMBRA CIRCLE, STE. 900  
CORAL GABLES, FL 33134

**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: CODINA, ARMANDO  
Address: 355 ALHAMBRA CIRCLE, STE. 900  
City-St-Zip: CORAL GABLES, FL 33134

Title: VST ( ) Delete  
Name: BEFELER, HENRY  
Address: 355 ALHAMBRA CIRCLE, STE. 900  
City-St-Zip: CORAL GABLES, FL 33134

Title: VS ( ) Delete  
Name: COBB, KOLLEEN O ESQ.  
Address: 355 ALHAMBRA CIRCLE, STE. 900  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: ROBINSON, FORREST  
Address: 355 ALHAMBRA CIRCLE, STE. 900  
City-St-Zip: CORAL GABLES, FL 33134

**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:

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: KOLLEEN O.P. COBB

VP

04/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date