

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90036 035 \*\*\*550.00

**DOCUMENT # P03000044769**

1. Entity Name  
**COSODECU, INC**



Principal Place of Business **414 BARBAROSA** Mailing Address **414 BARBAROSA AVE**  
**2801 PONCE DE LEON BLVD. CORAL GABLES, FL 33134**  
**SUITE 410 FI 33146**  
**CORAL GABLES, FL 33134**



05232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2359221**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CABRERA, VIDAL A**  
**13791 S.W. 20TH ST**  
**MIAMI, FL 33175**

**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 *x Cabera*

Signature, typed or printed name, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **OJEDA, EDUARDO**  
STREET ADDRESS **9140 FONTAINBLEAU BLVD. #203**  
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D**  
NAME **SUBIRA, SALVADOR E**  
STREET ADDRESS **4800 N.W. 6TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D**  
NAME **FERNANDEZ, LINO B**  
STREET ADDRESS **2801 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**  
NAME **CABRERA, VIDAL A**  
STREET ADDRESS **13791 S.W. 20TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*LINO B FERNANDEZ*

*8/14/06*

*305-661-5982*