

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000044769**

1. Entity Name  
**COSODECU, INC**



Principal Place of Business  
**414 BARBAROSSA AVE  
CORAL GABLES, FL 33146**

Mailing Address  
**414 BARBAROSSA AVE  
CORAL GABLES, FL 33146**



03162008 No Chg-P CR2E034 (11/05)

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 \_\_\_\_\_

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, 2008 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	D OJEDA, EDUARDO 9140 FONTAINBLEAU BLVD. #203 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUBIRA, SALVADOR E 4800 N.W. 6TH STREET MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, LINO B 2801 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABRERA, VIDAL A 13791 S.W. 20TH STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000893935  
04/24/08-80008-001 150.00

**DO NOT WRITE  
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:**

*Vidal A. Cabrera*  
**VIDAL A. CABRERA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #