
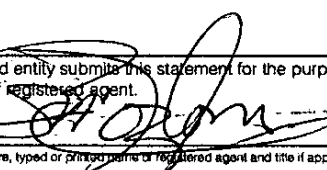
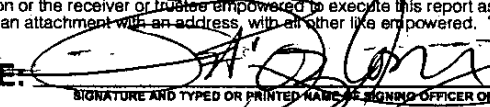


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90119 029 ***150.00

DOCUMENT # P03000047582 1. Entity Name ACODIA MANAGEMENT, INC.			
Principal Place of Business 7210 SW 39 STREET MIAMI, FL 33155		Mailing Address 7210 SW 39 STREET MIAMI, FL 33155	
2. Principal Place of Business 12901 W. Okeechobee Rd. F-5 Suite, Apt. #, etc. F-5 City & State Hialeah Gardens, FL Zip 33018		3. Mailing Address 12901 W. Okeechobee Rd. F-5 Suite, Apt. #, etc. F-5 City & State Hialeah Gardens, FL Zip 33018	
4. FEI Number 03-0520627		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent DIAZ, PEDRO A 7210 SW 39 STREET MIAMI, FL 33155		7. Name and Address of New Registered Agent Name DIAZ, Pedro A. Street Address (P.O. Box Number is Not Acceptable) 12901 W. Okeechobee Rd. F-5 City Hialeah Gardens FL Zip Code 33018	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME DIAZ, PEDRO A STREET ADDRESS 7210 SW 39 STREET CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE PD NAME DIAZ, Pedro A STREET ADDRESS 12901 W. Okeechobee Rd F-5 CITY-ST-ZIP Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ACOSTA, IDANIA STREET ADDRESS 7210 SW 39 STREET CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE VD NAME Acosta, Idania STREET ADDRESS 12901 W. Okeechobee Rd F-5 CITY-ST-ZIP Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/14/06 Daytime Phone # 305 216 5523	