

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90046 007 ***150.00

DOCUMENT # P05000117835	
1. Entity Name CODEWISE INC.	

Principal Place of Business 10539 SW 69 TERRACE MIAMI, FL 33173	Mailing Address 10539 SW 69 TERRACE MIAMI, FL 33173
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40067869



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3496727	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUZ, LIONEL 10539 SW 69 TERRACE MIAMI, FL 33173

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 understand the obligations of registered agent

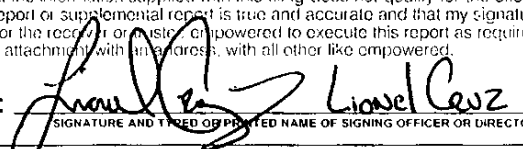
SIGNATURE _____
Signature of person authorized to register corporation on behalf of corporation (State Secretary or authorized agent must sign when changing office)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
CRUZ, LIONEL 10539 SW 69 TERRACE MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add

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, by the President, Secretary 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 the Public or Private records changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lionel Cruz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08 786-218-9534