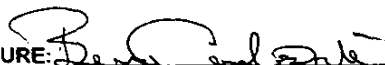


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90196 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07000081562		2008	
1. Entity Name CODI INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 14110 HARPERS FERRY STREET Suite, Apt. #, etc.		3. Mailing Address 14110 HARPERS FERRY STREET Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE FL	
Zip 33325	Country USA	Zip 33325	Country USA
		4. FEI Number 26-0561553	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name CODISPOTI, BRUNO	
		Street Address (P.O. Box Number is Not Acceptable) 14110 HARPERS FERRY STREET	
		City DAVIE	Zip Code FL 33325
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			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CODISPOTI BRUNO 14110 HARPERS FERRY STREET DAVIE FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  BRUNO CODISPOTI		4-28-08	954-224-0372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #