

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000028568
 COMPANY NAME: RESUM CORDA INCORPORATED



Principal Place of Business
 541 GOLDEN HARBOUR DR
 BOCA RATON, FL 33432

Mailing Address
 541 GOLDEN HARBOUR DR
 BOCA RATON, FL 33432



03222003 No Chg-P CP2E034 (10/03)
 Applied For: Not Applicable
 4. FEI Number: 65-0419460
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

AMEGLIO, JORGE
 541 GOLDEN HARBOUR DR
 BOCA RATON, FL 33432

7. 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. DATE

SIGNATURE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	AMEGLIO, JORGE
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	KRISNA KARINA AMEGLIO
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	DVP
NAME	PARENTEAU, FABIOLA
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	DT
NAME	DORATI, SOLMORAINE
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	DS
NAME	AMEGLIO, MONICA I
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), F.S., indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, name or other like information.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

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