## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000072787

AVENTURA, FL 33160

City-St-Zip:

FILED Mar 26, 2004 Secretary of State

| Entity Nar                                  | me: E. F. CO[   | DD & ASSOCIATES, INC.            |   |  |  |
|---|---|----------------------------------|---|--|--|
| Current P                                   | rincipal Place  | of Business:                     | New Principal Place of Business:            |  |  |
| 7000 ISLAI<br>SUITE 270<br>AVENTUR          |   | US                               |   |  |  |
| Current M                                   | lailing Addres  | s:                               | New Mailing Address:                        |  |  |
| P O BOX 6<br>MAIMI, FL                      | 330553<br>331630553 U                                 | S                                |   |  |  |
| FEI Number:                                 | : 65-0456010  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of C  | urrent Registered Agent:         | Name and Address of                         | New Registered Agent:                        |  |
| SUITE 100                                   | LYWOOD BLV  |                                  |   |  |  |
|   | named entity :<br>e of Florida.                       | submits this statement for the p | ourpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUR                                    | RE:   |                                  |   |  |  |
|   | Electror  | ic Signature of Registered Age   | ent   | Date   |  |
| Election Car                                | mpaign Financin                                       | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS                                    | S AND DIREC   | TORS:                            | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( )<br>CODD, SHARO<br>1000 ISLAND E<br>AVENTURA, FL | LVD #2506                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                 | D ( )<br>CODD, EDGAR<br>1000 ISLAND E                 |                                  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON CODD D 03/26/2004