


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000022789</b> 1. Entity Name CODINA INVESTMENTS, INC.	
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Principal Place of Business 355 ALHAMBRA CIR SUITE #900 CORAL GABLES, FL 33134 US	Mailing Address 355 ALHAMBRA CIR SUITE #900 CORAL GABLES, FL 33134 US
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02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0497761	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BEFELER, HENRY  
355 ALHAMBRA CIR  
SUITE #900  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐ \$5.00 May Be  
Added to Fees

U000000093405  
03/22/04-80017-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CODINA, ARMANDO 355 ALHAMBRA CIR STE., #900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STV BEFELER, HENRY 355 ALHAMBRA CIR STE., #900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS COBB, KOLLEEN 355 ALHAMBRA CIR STE., #900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CODINA, MARGARITA 355 ALHAMBRA CIR STE., #900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Codina Investments, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.12.04

305-520-2300

VP