

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000026631

Entity Name: CODIPE, INC.

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20900 N.E. 30TH AVE., STE 200  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20900 N.E. 30TH AVE., STE 200  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-0578371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THULMANN, HANS  
169 EAST FLAGLER ST  
#1534  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

THULMANN, HANS  
20900 N.E. 30TH AVENUE  
SUITE 200  
AVENTURA, FLORIDA, FL 33180 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

02/27/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THULMANN, HANS P  
Address: 1200 WEST AVE, APT. 1028  
City-St-Zip: MIAMI BEACH, FL 33139 OC

Title: SD  
Name: KLEIN, THOMAS F  
Address: AV CORRIENTES 327 3RD FLOOR  
City-St-Zip: BUENOS AIRES, ARGENTINA, 1043 OC

I hereby 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 all other like empowered.

SIGNATURE: HANS P. THULMANN

PD

02/27/2011

Electronic Signature of Signing Officer or Director

Date