

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90377 012 ***150.00

DOCUMENT # P95000089605

1. Entity Name

CADECI INTERNATIONAL CORP.



Principal Place of Business

12765 W. FOREST HILL BLVD.
1306
WELLINGTON FL 33414
US

Mailing Address

12765 W. FOREST HILL BLVD.
1306
WELLINGTON FL 33414
US

2. Principal Place of Business

11543 Anhinga Dr.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 212815
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Wellington, FL

City & State

Royal Palm Beach, FL

4. FEI Number

65-0619844

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33421-2815

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, DISNEY D
169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDVT ☐ Delete
NAME VICENTE V, JOSE A
STREET ADDRESS 12773 W FOREST HILL BLVD STE 1217
CITY-ST-ZIP WELLINGTON FL 33414

TITLE SAME ☒ Change ☐ Addition
NAME JANE
STREET ADDRESS 2242 Shoma Dr.
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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:

José A. Vicente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

561-296-0349
Daytime Phone #