

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000038680

1. Entity Name

CODINA AND ASSOCIATES, INC.



Principal Place of Business

**3450 W 84 STREET
US #103
HIALEAH GARDENS, FL 33018 US**

Mailing Address

**8181 NW 36TH STREET
SUITE 27B
MIAMI, FL 33166 US**



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0664952

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CODINA, FRANCISCO J
3450 W 84 STREET
#103
HIALEAH GARDENS, FL 33018**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME CODINA, FRANCISCO J
STREET ADDRESS 3450 W 84 STREET, #103
CITY-ST-ZIP HIALEAH GARDENS, FL 33018**

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**000000425014
02/20/06-80022-025 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco J. Codina

Date

2/6/06

Daytime Phone #

301-698-1123