

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075016

FILED  
Sep 06, 2007  
Secretary of State

Entity Name: CORDI TELECOMMUNICATIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

4770 NW 107 AVENUE  
306  
MIAMI, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

4770 NW 107 AVENUE  
306  
MIAMI, FL 33178 US

**New Mailing Address:**

FEI Number: 65-0691503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHACON, HUMBERTO  
4770 NW 107 AVENUE  
306  
MIAMI, FL 33178 US

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

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

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PGM ( ) Delete  
Name: CHACON, HUMBERTO  
Address: 4770 NW 107 AVENUE NO 306  
City-St-Zip: MIAMI, FL 33178

Title: V ( ) Delete  
Name: LACAVE, ALAM  
Address: 4770 NW 107 AVENUE NO 306  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHACON, HUMBERTO  
Address: 4770 NW 107 AVENUE NO 306  
City-St-Zip: MIAMI, FL 33178

Title: V (X) Change ( ) Addition  
Name: LACAVE, SORAYA ALAM  
Address: 4770 NW 107 AVENUE NO 306  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HUMBERTO CHACON

P

09/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date