## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075016

Entity Name: CORDI TELECOMMUNICATIONS INTERNATIONAL, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4770 NW 107 AVENUE 7852 NW 306 114 PATH

MIAMI, FL 33178 US DORAL FLORIDA, FL 33178 US

Current Mailing Address: New Mailing Address:

4770 NW 107 AVENUE 7852 NW 306 114 PATH

MIAMI, FL 33178 US DORAL FLORIDA, FL 33178 US

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

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

CHACON, HUMBERTO CHACON, HUMBERTO R ING. 4770 NW 107 AVENUE 7852 NW

306 114 PATH

MIAMI, FL 33178 US DORAL FLORIDA, FL 33178 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: HUMBERTO CHACON R. 03/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ING. (X) Change ( ) Addition Name: CHACON, HUMBERTO Name: CHACON, HUMBERTO R ING

Address: 4770 NW 107 AVENUE NO 306 Address: 7852 NW, 114 PATH

City-St-Zip: MIAMI, FL 33178 City-St-Zip: DORAL FLORIDA, FL 33178 US

 Name:
 LACAVE, SORAYA ALAM
 Name:
 ALAM, SORAYA L MRS

 Address:
 4770 NW 107 AVENUE NO 306
 Address:
 7852 NW, 114 PATH

City-St-Zip: MIAMI, FL 33178 City-St-Zip: DORAL FLORIDA, FL 33178 US

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 R. ING. 03/25/2009

Electronic Signature of Signing Officer or Director

Date