2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028818

Name:

Address:

City-St-Zip:

POLIN, WILLIAM R

TAMPA, FL 33618

3818 GUNN HIGHWAY, SUITE 208

FILED Apr 03, 2009 Secretary of State

Entity Name: CO-ORDINATED CAPITAL ENTERPRISES, INC.					
Current Pr	incipal Pla	ce of Business:	New Principal Place	of Business:	
3818 GUNN SUITE 208 TAMPA, FL		Y			
Current Ma	ailing Add	ress:	New Mailing Address	New Mailing Address:	
3818 GUNN SUITE 208 TAMPA, FL		Y			
FEI Number:	59-2283318	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
PROVENZANO, PHILIP JR 3818 GUNN HIGHWAY SUITE 208 TAMPA, FL 33624 US			3818 GUNN HIĞHWA` SUITE 208	PROVENZANO, PHILIP JR 3818 GUNN HIGHWAY SUITE 208 TAMPA, FL 33618 US	
The above in the State		ty submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: PHILIP PROVENZANO				04/03/2009	
	Elect	ronic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		() Delete NO, PHILIP JR HIGHWAY, SUITE 208 33618	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D PROVENZA 3818 GUNN TAMPA, FL	HIGHWAY, SUITE 208	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIP PROVENZANO D 04/03/2009