

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000100243 1. Entity Name C/WDL, INC.	
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Principal Place of Business 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134	Mailing Address 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0978261	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COOB, HOLLEN D P
355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COOIA, ARMANDO 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAN HIGUEL, JORGE B 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COBB, KOLLEEN 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEVIA, JOSE 355 ALHAMBRA CIRCLE - SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP RODON, RAFAEL 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/16/06-80061-020 150.00

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 689, 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: Kolleen O.P. Cobb **Vice President** 4/28/06 305.520.2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR