# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2007**
**Secretary of State**

DOCUMENT# P99000100243

**Entity Name:** C/WDL, INC.

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 33134

**New Principal Place of Business:**

200 S. BISCAYNE BOULEVARD
SUITE 4900
MIAMI, FL 33131

**Current Mailing Address:**

355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 33134

**New Mailing Address:**

C/O WHITE & CASE LLP
200 S. BISCAYNE BLVD., #4900
MIAMI, FL 33131

**FEI Number: 65-0978261** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CDOB, HOLLEN D P
355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 33134 US

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

GRAGG, K. LAWRENCE
200 S. BISCAYNE BOULEVARD
SUITE 4900
MIAMI, FL 33131 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: K. LAWENCE GRAGG 04/18/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CODINA, ARMANDO
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Delete
Name: SAN HIGUEL, JORGE B
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS (X) Delete
Name: COBB, KOLLEEN
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Delete
Name: HEVIA, JOSE
Address: 355 ALHAMBRA CIRCLE - SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: ASVP (X) Delete
Name: RODON, RAFAEL
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

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

Title: PDST (X) Change ( ) Addition
Name: CODINA, ARMANDO
Address: 2855 SOUTH LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMANDO CODINA P 04/18/2007
Electronic Signature of Signing Officer or Director Date