2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S18454

1. Entity Name

ANGEL D. CORDOVA & CO., INC.



FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

780 NW 42 AVENUE

416

MIAMI, FL 33126 US

Mailing Address

780 NW 42 AVE 416

MIAMI, FL 33126



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0231424

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDOVA, ANGEL D. 780 N.W. 42ND AVENUE

MIAMI, FL 33126-5536

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8. 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					
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·	The second of th
TITLE	DP				· .
NAME	CORDOVA, ANGEL D.				
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CITY-ST-ZIP	MIAMI, FL		ł		100000379274
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NAME	CORDOVA, ALINA	1			
STREET ADDRESS	780 N.W. 42ND AVE.				
City-ST-ZIP	MIAMI, FL				
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TITLE	VP				· •
NAME	CORDOVA, YVETTE				
STREET ADDRESS	8280 S.W. 78 ST.			חח	NOT WRITE
CITY-ST-ZIP	MIAMI, FL 33143				MOL MIXILE
TITLE	V.P.	<u> </u>		INI '	THIS SPACE
NAME	CORDOVA, ANGEL JR			I I M	ITIIO OFACE
STREET ADDRESS	8280 SW 78 ST.				ĺ
CITY-ST-ZIP	MIAMI, FL 33143				•
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CITY-ST-ZIP					
Title		**			}

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 precute this report as required by Chapter 607, 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #