

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S49997

1. Entity Name
CODINA CONSULTING, INC.



Principal Place of Business
**355 ALHAMBRA PLAZA
SUITE 900
CORAL GABLES, FL 33134**

Mailing Address
**355 ALHAMBRA PLAZA
SUITE 900
CORAL GABLES, FL 33134**



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0268540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BEFELER, HENRY
355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODINA, ARMANDO 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODON, RAFAEL 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BEFELER, HENRY TWO ALHAMBRA PLAZA PH II CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS COBB, KOLLEEN 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000088752
03/12/04-80036-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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.

SIGNATURE: *Codina Consulting, Inc.*
Kolleen Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

3-9-04
Date

305 5202844
Daytime Phone #