

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50411

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** CORE SALES CORP.

**Current Principal Place of Business:**

19195 MYSTIC POINTE DR., #510  
#510  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19195 MYSTIC POINTE DR., #510  
AVENTURA, FL 33180

**New Mailing Address:**

19195 MYSTIC POINTE DR., #510  
#510  
AVENTURA, FL 33180

**FEI Number:** 59-2310104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COHEN, LYDIA  
19195 MYSTIC POINTE DRIVE #510  
#510  
AVENTURA, FL 33180 US

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

COHEN, LYDIA VP  
19195 MYSTIC POINTE DRIVE #510  
#510  
AVENTURA, FL 33180 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: LYDIA COHEN

01/05/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COHEN, RALPH  
Address: 19195 MYSTIC PT DR #510  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: RALPH COHEN

PRES

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date