2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J84993

1. Entity Name
COREGROUP, INC.

Principal Place of Business	Mailing Address
% CY PROPERTIES, INC.	% CY PROPERTIES, INC.
404 WASHINGTON AVE., ATTN:CHINA GRILL	404 WASHINGTON AVE., ATTN:CHINA GRILL
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2836287	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CY PROPERTIES, INC.
404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH, FL 33139

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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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHODOROW, JEFFREY R.
STREET ADDRESS	19925 NE 39 PLACE, PH701
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000280646
03/30/05-80026-025 150.00

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

305-957
0800

SIGNATURE: _____ 1-25-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

JEFFREY CHODOROW