## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000056900

1. Entity Name CORE ONE INC.



Principal Place of Business

2673 SO. PARK LANE PEMBROKE PARK, FL 33009

Mailing Address

2673 SO. PARK LANE PEMBROKE PARK, FL 33009

## **FILED** Feb 15, 2006 08:00 AM Secretary of State

	<b>51</b> /16 <b>55</b> /16 <b>55</b> /61		(S)

CR2E034 (11/05)

DO NOT WRITE IN THIS
----------------------

02152006 No Chg-P		CR2E034 (11/05)		
4. FEI Numbe			Applied For	
65-1114	1376		Not Applicable	
5. Certificate	of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAZ, ETAN 2673 SO. PARK LANE PEMBROKE PARK, FL. 33009

SIGNATURE: \_\_\_\_

## 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 fi	epplicable (NOTE, Registered	Agent signature	required when reinstating)	DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZ, ETAN 2673 SO. PARK LANE PEMBROKE PARK, FL 33009				U00000435267 02/25/06-80028-026 150.00			
title Name Street Address Caty-St-Zip								
title Name Sineet Address City-St-Zip				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	IN THIS SPACE			
title name street address city-st-zip								
DITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby indicated of the corchanged	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowerer or on an attachment with an address, with all	iling does not qualify for the exe and accurate and that my signat I to execute this report as requir I other like empowered.	emptions co ure shall ha ed by Char	ontained in Chapter 11 tive the same legal effecter 607, Florida Statuti	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if</li> </ol>			

NAME OF SIGNING OFFICER OR DIRECTOR