2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062297

670 N.W. 124TH PLACE

MIAMI, FL 33182

Address:

City-St-Zip:

Entity Name: PCOR CORP.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8390 NW 5 SUITE 114 MIAMI, FL	•			3901 NW 7 SUITE 230 DORAL, FL			
Current Mailing Address:				New Mailing Address:			
8390 NW 5 SUITE 114 MIAMI, FL	•			3901 NW 7 SUITE 230 MIAMI, FL			
FEI Number:	43-1963985	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certific	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JIMENO, FERNANDO 6135 NW 167TH STREET UNIT E-8 MIAMI, FL 33015 US				ORTEGA, RUBI 16935 SW 36 CT MIRAMAR, FL 33027 US			
	named entity of Florida.	submits this statement for the p	purpose o	f changing it	ts registered	office or I	registered agent, or both,
SIGNATURE: RUBI ORTEGA				04/30/2009			
	Electro	nic Signature of Registered Age	ent				Date
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P (PRIETO, ANGE 16935 SW 36 MIRAMAR, FL	СТ		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	VP (ORTEGA, RUB 16935 SW 36 MIRAMAR, FL	ст		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	VP (SATIZABAL, M 670 NW 124 P MIAMI, FL 331	L		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name:	VP (PRIETO, LIDA) Delete		Title: Name:	VP (() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

670 NW 124TH PLACE

MIAMI, FL 33182

SIGNATURE: LIDA PRIETO VP 04/30/2009