2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State
05-17-2005 90012 038 ***150.00

DOCUMENT # P02000127316

1. Entity Name
SYMCORE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
351 LOS PINOS PL CORAL GABLES, FL 33143	351 LOS PINOS PL COARAL GABLES, FL 33143

05122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10855 NW 33 ST.	10855 NW 33 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL, FLORIDA	City & State: DORAL, FLORIDA
Zip: 33172-2188 Country	Zip: 33172-2188 Country

4. FEI Number 05-0543040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREYRE, PEDRO A ESQ
ONE SOUTHEAST THIRD AVE 28TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVT DE QUESADA, CARLOS 351 LOS PINOS PL CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREYE, PEDRO A ONE SE 3RD AVE 28TH MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: ______________________ 5/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #