

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90028 013 \*\*\*558.75



**DOCUMENT # P02000128487**

1. Entity Name  
**NEW CORE VENTURES, INC.**

Principal Place of Business  
**1027 NORTHEAST 43 COURT**  
**OAKLAND PARK, FL 33334 US**

Mailing Address  
**1027 NORTHEAST 43 COURT**  
**OAKLAND PARK, FL 33334 US**



2. Principal Place of Business - No P.O. Box #  
**1029 Northeast 43 Court**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1029 Northeast 43 Court**  
 Suite, Apt. #, etc.

City & State  
**Oakland Park, FL**

City & State  
**Oakland Park, FL 33**

Zip  
**33334** Country **US**

Zip  
**33334** Country **US**

05092008 Chg-P CR2E034 (12/06)

4. FEI Number  
**13-4224305**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, WALTER**  
**1027 NORTHEAST 43 COURT**  
**OAKLAND PARK, FL 33334**

7. Name and Address of New Registered Agent

Name  
**Gomez, Walter**

Street Address (P.O. Box Number is Not Acceptable)  
**1029 Northeast 43 Court**

City  
**Oakland Park** FL Zip Code **33334**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GOMEZ, WALTER F</b>	
STREET ADDRESS	<b>1027 NORTHEAST 43 COURT</b>	
CITY-ST-ZIP	<b>OAKLAND PARK, FL 33334</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KREMSER, FRANK J III</b>	
STREET ADDRESS	<b>HC-2 BX 9529</b>	
CITY-ST-ZIP	<b>GUAYNABO PUERTO RICO 00971</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gomez Walter F</b>	
STREET ADDRESS	<b>1029 Northeast 43rd Court</b>	
CITY-ST-ZIP	<b>Oakland Park, FL 33334</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kremsker, Frank J III</b>	
STREET ADDRESS	<b>HC-2 Bx 9529</b>	
CITY-ST-ZIP	<b>Guaynabo Puerto Rico 00971</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ Date: **7/10/08** Daytime Phone #: **954-566-1558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR