2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000088042

1. Entity Name
CORF SOLUTION, INC.

60011016

Principal Place of Business	Mailing Address
962 WEST 43 PL. HIALEAH, FL 33012 US	962 WEST 43 PL. HIALEAH, FL 33012 US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302006   Chg-P   CR2E034 (11/05)

City & State	City & State

Zip	Country	Zip	Country

4. FEI Number
56-2472389

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
AYMEE, FERNANDEZ 962 WEST 43TH PL HIALEAH, FL 33012	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 $150.00 **After May 1, 2006 Fee will be $550.00**	**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	P	☐ Delete	TITLE	S	☐ Change	☒ Addition
NAME	CEPERO, SANDDY		NAME	Ivan Canalejo		
STREET ADDRESS	918 EAST PONCE DE LEON		STREET ADDRESS	8251 NW 8th St # 504		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Miami, FL 33126		
TITLE	VS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FERNANDEZ, AYMEE		NAME			
STREET ADDRESS	962 WEST 20TH		STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____ Aymee Fernandez. Vice-President   01/30/2006   (303)804-6676

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