


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000038805 1. Entity Name CORECUBE, INC	
--	---

Principal Place of Business 37 N. ORANGE AVE SUITE 810 ORLANDO, FL 32801	Mailing Address 37 N. ORANGE AVE SUITE 810 ORLANDO, FL 32801
--	--

DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2498534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**OJAIDE, DAFE
37 N. ORANGE AVE
SUITE 810
ORLANDO, FL 32801**

**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]* DAFE OJAIDE DATE 4/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OJAIDE, DAFE 37 N. ORANGE AVE, SUITE 810 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC OJAIDE, DAFE 37 N. ORANGE AVE, SUITE 810 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA OJAIDE, DAFE 37 N. ORANGE AVE, SUITE 810 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR OJAIDE, DAFE 37 N. ORANGE AVE, SUITE 810 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000760947
05/25/07-80036-005 150.00

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: *[Signature]* DAFE OJAIDE DATE 4/20/07 321-356-6302
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #