## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P05000103457 04-06-2007 90035 049 \*\*\*150.00 1. Entity Name COR4, INC. Principal Place of Business Mailing Address AUBDIDIO 4007 TURQUISE TRAIL **4007 TURQUISE TRAIL** WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business · No P.O. Box # 3725 Condor Court 3. Mailing Address 3725 Condor Court Suite, Apt. #, etc Suite, Apt. #, etc 04022007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For FL 20-3189631 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (ordell HOTTICK CORDELL, SEAN Street Address (P.O. Box Number is Not Acceptable) 4007 TURQUISE TRAIL WESTON, FL 33331 weston 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 agont and little it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE Delete President Change N Addition NAME CORDELL, PATRICK Tina Marie Cordell NAME STREET ADDRESS 3725 CONDOR CT STREET ADDRESS 3725 Condor Court CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP FL 33331 Delete TITLE TITLE ☐ Change Addition NAME CORDELL, SEAN NAME STREET ADDRESS 4007 TURQUISE TRAIL STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP TITLE Delete THLE ☐ Change ☐ Addition 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 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7(P CITY-ST-ZIP TITLE Delete ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 it 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:

FILED Apr 06, 2007 8:00 am